ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1968

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.
Medical Officer of Health

ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1968

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.
Medical Officer of Health

PRINCIPAL CONTENTS

APPENDIX

CITY OF SHEFFIELD

HEALTH AND WELFARE COMMITTEE

as at 31st December, 1968

THE LORD MAYOR
(Alderman Mrs. PATIENCE SHEARD, B.A., J.P.)

Chairman: Councillor WILLIAM G. BLAKE, J.P.

Deputy-Chairman: Councillor G. CHEETHAM, C.Eng., M.I.Prod.E.

Alderman	H. MERCER	Councillor	H. FIRTH
,,	Mrs. F. ROEBUCK	,,	C. W. KNOWLES
,,	Mrs. M. STRAFFORD	,,	J. D. S. LEVICK
Councillor	M. S. W. BLACK	,,	C. B. MACDONALD, O.B.E., T.D., A.C.I.I., F.C.I.B.
,,	Mrs. C. DODSON	,,	M. H. MOORE, Dip.Com. (R.S.A.)
,,	N. ELDRED	,,	Mrs. D. MULHEARN
,,	Mrs. W. M. GOLDING	,,	F. STATON
,,	Mrs. J. M. GRINDROD	,,	Mrs. D. WALTON
,,	Mrs. M. C. P. JACKSON, M.A.		
,,	Mrs. M. KERTON		

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Alderman E. SCOTT
Councillor Mrs. M. KERTON
Councillor F. STATION

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor C. W. KNOWLES
Councillor M. H. MOORE, Dip.Com.(R.S.A.)

Sheffield and District Clean Air Committee

Councillor	W. G. BLAKE, J.P.	Councillor	C. W. KNOWLES
,,	G. E. A. BEARDSHAW	,,	F. STATON
,,	Mrs. W. M. GOLDING	,,	G. WRAGG

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman	Mrs. P. SHEARD, B.A., J.P.	Councillor	W. G. BLAKE, J.P.
Councillor	F. W. ADAMS, B.Sc.	,,	Mrs. W. M. GOLDING
,,	G. ARMITAGE	,,	C. W. KNOWLES
,,	G. E. A. BEARDSHAW	,,	J. PATE, J.P.

GENERAL STATISTICS

AREA (At 31st December, 1968)	(acres) 45,363
POPULATION—Census 1966 (Sample)	482,540
Estimate of Registrar General—Home population year 1968	531,800
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1968)	185,113
RATEABLE VALUE (1st October, 1968)	£23,843,149
SUM REPRESENTED BY A PENNY RATE (Year 1968-69)	£97,105

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1968

LIVE BIRTHS—

	Males	Females	Total		
Legitimate	4,192	3,918	8,110	Birth Rate *per* 1,000 *of population*	16·7
Illegitimate	381	383	764		
Totals	4,573	4,301	8,874		
Illegitimate live births per cent of total live births					8·6
STILLBIRTHS	58	68	126	Rate *per* 1,000 *total (live and still) births*	14·0
TOTAL LIVE AND STILL BIRTHS	4,631	4,369	9,000		

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants	Deaths 160	Rate *per* 1,000 *live births*	18·0
Legitimate Infants	Deaths 149	Rate *per* 1,000 *legitimate live births*	18·4
Illegitimate Infants	Deaths 11	Rate *per* 1,000 *illegitimate live births*	14·4
Neonatal Mortality (first four weeks)	Deaths 104	Rate *per* 1,000 *live births*	11·7
Early Neonatal Mortality (under 1 week)	Deaths 92	Rate *per* 1,000 *live births*	10·4
Perinatal Mortality (stillbirths and deaths under 1 week)	Deaths 218	Rate *per* 1,000 *total (live and still) births*	24·2

MATERNAL MORTALITY

Puerperal Sepsis and Abortion	Deaths —	Rate *per* 1,000	—
Other Maternal Mortality	Deaths 1	*total (live and*	0·11
Total Maternal Mortality	Deaths 1	*still) births*	0·11

	Males	Females	Total		
DEATHS (All Causes)	3,524	3,145	6,669	Death rate *per* 1,000 *of population*	12·5

DEATHS FROM CERTAIN CAUSES—

Tuberculosis of Respiratory System	Deaths 18	Rate *per* 1,000	0·03
Other Forms of Tuberculosis	Deaths —	*of population*	—
Cancer	Deaths 1,341	Rate *per* 1,000 *of population*	2·52

CITY OF SHEFFIELD

Telephone No. 26444

Public Health Department,
Town Hall Chambers,
S1 1EN.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH & WELFARE COMMITTEE

Undoubtedly the Health and Welfare Services felt the full force of the 'cuts' which were imposed in June, and to this extent it was a year of what might have been. However, encouraging progress was made in relation to two of the developing services—family planning (p. 26) and the night nursing service (p. 37). An interesting innovation is the creation of an emergency welfare service although, at the moment, it is rather a delicate flower which requires careful tending.

The summer of 1968 also saw the publication of the Seebohm Report on the social services, and the Ministry 'green paper' on the future of the health services. While there is a good case for bringing together fragments of the health services (or for that matter the welfare services) there is the danger of creating new lines of cleavage which may be more damaging than existing flaws. Any change in administrative structure can make only a marginal difference to the quality or efficiency of the service. Many of the shortcomings arise through lack of resources rather than any inherent administrative defect.

Events are already moving quickly in the shaping of the future maternity services. When the general practitioner unit in Nether Edge Hospital, due to open in September, 1969, is fully operative the proportion of domiciliary confinements in Sheffield is likely to fall sharply if the best use is made of the beds through a policy of early discharge. While from the hospital point of view it is probably a logical decision to 'go it alone' as regards staffing, it would seem to be in the overall interests of the service that the domiciliary midwife should have the opportunity of delivering her patients in the unit as well as visiting them after returning home. Unless there is some such arrangement it is difficult to see how the domiciliary midwife can gain sufficient practical experience to retain her skills.

The custom has persisted of doctors employed by the local authority seeing mothers at antenatal clinics where they have been booked for confinement at the Northern General and Nether Edge Hospitals. Those general practitioners who are prepared to take a more active part in the antenatal care of these patients are now encouraged to do so in the same way as they would if the mothers had been booked for home delivery or for confinement at the Jessop Hospital. This is in accord with the practice in most other areas and will, in the long run, alter the pattern of antenatal care in the City. I am conscious, however, that some mothers require persuasion if they are to receive adequate antenatal care, and we do not wish to shed responsibility for their welfare simply because they no longer attend the clinic.

During the year a number of changes were made in notification of infectious diseases. Tetanus, leptospirosis, infective jaundice (and yellow fever!) were made generally notifiable for the first time, while pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia were deleted from the list. Not so long ago it seemed that the continued notification of measles served little useful purpose, but with the introduction of vaccination it will be most interesting to see whether the outbreaks in young children, which usually occur every second year, can be eliminated. There is still a view that measles is now a mild disease and that vaccination is not necessary, but if a tally were made of the casualties after each outbreak of measles the count would reveal a tremendous amount of avoidable, and sometimes, permanent, disability from bronchitis and middle ear disease. Despite the recent withdrawal of vaccine containing the Beckenham strain, it is believed that measles vaccination has come to stay.

A brief reference is made on p. 50 to the British Tuberculosis Association study, details of which are given more fully in my Report as Principal School Medical Officer. The conclusion reached as a result of the survey in three authorities was that B.C.G. vaccination, using the Heaf gun or one of its modifications, is a reliable means of protecting children. It is to be hoped that the vaccine which was specially prepared for this trial will now be made widely available so that it will be possible to replace the traditional method using a syringe and needle.

I would draw attention on p. 13 to an otherwise uncredited account from Dr. W. H. Parry on a small paratyphoid outbreak traced to a seaside resort. While, in retrospect, this may seem of minor importance, it was no doubt a source of considerable anxiety at the time to those who earn their livelihood by welcoming holiday-makers during the brief summer season. However balanced may be the attitude of, for example, the local papers, the handling of the information rapidly becomes a free for all as the news is syndicated through the media of press, radio and T.V. There are, however, two sides to the coin and but for the widespread publicity it is quite possible that some of the identified cases might have been overlooked.

Dr. R. S. Morton has again contributed an article on venereal disease. While we seem to be holding our own in Sheffield, control of the disease is something which will never be effected by the doctor working alone. As with drug-taking it is difficult to know to what extent social diseases can be prevented by education and whether discussion tends to prevent or merely stimulates curiosity.

At the end of the year new legislation was bringing into the fold a fairly large number of playgroups where registration had not previously been required. Enforcement of the Nurseries and Child-Minders Regulation Act is not likely to bring any bouquets for it may be argued that the authorities are being too finicky in requiring a surfeit of fire precautions or the X-ray of volunteer assistants. On the other hand, if anything goes wrong, it will be seen as a dereliction of the responsibility entrusted to us by Parliament.

During the year the results were published of a survey carried out in 1965 by a Government team. The survey covered housing, residential homes, the home help service and—less completely—the 'meals on wheels', chiropody, home nursing and health visiting services. The opinion was expressed that, in order to meet the needs of those not receiving home help, the service in Sheffield would have to be trebled, even if no account were taken of the possibility of allocating more time to the existing recipients. Although the service has expanded considerably since 1965, it has scarcely kept pace with the increasing needs of the elderly. On the other hand it is recognised that the statutory services will always rely heavily on the goodwill of relatives and neighbours.

The home nursing service has had difficulty in coping with the increasing number of calls, although the greater use of disposable equipment helps to make this possible. The skills of highly trained staff are still not used to the best advantage and there is scope for greater employment of bathing attendants. Difficulties in recruiting qualified staff, while possibly a source of anxiety, may on balance be to the advantage of the health services if the nurses continue working in the hospitals. Rotas were reorganised to allow a five-day working week, but with late evening and weekend duties this is a far cry from the five-day week enjoyed by the majority of staff, and nurses evidently feel that they are inadequately supported by the other domiciliary services, particularly at holiday periods. And I hope they never again have cause to look back in anger because of a waiting list for the delivery of incontinence pads.

Attention is drawn to Dr. Eskin's account of the activities of the handicapped young people at Sharrow Lane (p. 83). Elsewhere little progress was made despite a comprehensive report from Industrial Advisers to the Blind Limited. The blind workers themselves realise that some reorganisation is necessary, as it is becoming increasingly difficult to find an outlet for traditional trades such as basketry and certain

types of brush-making. Moreover, the younger blind who would have the ability to learn these difficult skills are able to find jobs in outside industry so that the number in sheltered employment is rapidly dwindling as workers reach retiring age. In the search for new products and markets, the going is not likely to be easy and it is not only the blind who may stumble.

Dr. Browne's contribution on p. 75 refers to the enigma of 'sickness' as a cause of absence from work. It is widely recognised that the reasons given for absence from work, whether based on the word of the employee or given the authority of a medical certificate, is a reflection not only of the prevailing rates of illness but on the morale of the workers. The industrial doctor can only deal with the margin of the problem, and to attempt more might well imperil his whole position as an impartial adviser on health matters.

No. 4, Sharrow/Moor and No. 26, Crookesmoor/Netherthorpe smoke control areas became operative on the 1st July and 1st December, respectively. It is difficult to glamorise the story of smoke control, although the trade through their showrooms make a fair shot at it. Despite the slight rise in atmospheric sulphur dioxide it is thought that, as North Sea gas comes into increasing use, the figure will again fall as, unlike most other forms of fuel, it has a very low sulphur content. The breathalyser has been described as the most important public health measure in 1967 as the fall in casualties was immediate and demonstrable. No one has yet thought of calculating the benefits of natural gas in similar terms, and yet its contribution to the reduction in chest diseases may prove to be significant. Thomas Carlyle wrote 'When the oak is felled the whole forest echoes with its fall but a hundred acorns are sown in silence by an unnoticed breeze.'

During the year the Health and Social Care Committees were amalgamated and I am a little unsure whether I should address the traditional words of thanks to the former Chairman of the Health or Health and Welfare Committee, or whether a former Lord Mayor takes precedence. Dr. Parry was appointed as Medical Officer of Health to the City of Nottingham and both Miss Milner and myself have missed his help in editing the Report. I would also pay tribute to the late Dr. W. J. Wilson, Consultant Chest Physician, Medical Director of the Mass Radiography Unit, and before 1948 a member of the Department.

Medical Officer of Health.

June, 1969.

VITAL STATISTICS

"Facts are ventriloquists' dummies. Sitting on a wise man's knee they may be made to utter words of wisdom"

Aldous Huxley

Population.—The Registrar General's estimate of the home population as at 30th June, 1968 was 531,800 and it is on this figure that the vital statistics which follow, are calculated. The estimated population for 1967 was 534,100.

Live Births.—Net live births numbered 8,874 giving a birth rate of 16·7 per 1,000 population compared with 17·0 in 1967. The provisional birth rate for England and Wales was 16·9 per 1,000 population. The following table shows the trend of the birth rate in the City during the last ten years, also the illegitimacy rates for Sheffield and England and Wales.

Year	*Total Live Births*	*Birth Rate per 1,000 of population*	*Illegitimate Live Births*	*Illegitimacy Rate per 1,000 Live Births*	
				Sheffield	*England and Wales*
1958	7,656	15·3	339	44	49
1959	7,709	15·4	377	49	51
1960	7,829	15·7	401	51	54
1961	8,157	16·5	434	53	59
1962	8,612	17·4	546	63	66
1963	8,396	17·0	559	67	69
1964	8,400	17·1	622	74	72
1965	8,505	17·4	683	80	77
1966	8,291	17·0	665	80	79
1967	8,876	17·0	753	85	84
Average **1958-67**	**8,243**	**16·6**	**538**	**65**	**66**
1968	8,874	16·7	764	86	not available

Stillbirths.—After adjustment for inward and outward transfers, 126 stillbirths were registered, giving a stillbirth rate of 14·0 per 1,000 total births, the same as the provisional rate for England and Wales. In 1967 the stillbirth rate was 13·2 per 1,000 total births.

Infant Mortality.—There was a decrease in the infant mortality rate. 160 babies died under the age of one year giving a mortality rate of 18·0 as against 19·1 in 1967. Deaths of illegitimate babies showed a definite decrease the rate being 14·4 per 1,000 illegitimate live births, the lowest yet recorded. Fluctuations in the infant mortality rate for legitimate and illegitimate babies are shown in the table which follows and the England and Wales rate for all infants is given for comparison.

Infant Mortality, Sheffield and England and Wales, 1959 to 1968

Year	*Legitimate Infants*	*Illegitimate Infants*	*All Infants*	
	Rate per 1,000 *legitimate live births*	*Rate per* 1,000 *illegitimate live births*	*Rate per* 1,000 *live births*	
			Sheffield	*England and Wales*
1959	17	24	17	22
1960	20	25	20	22
1961	23	23	23	21
1962	20	29	20	21
1963	22	23	22	21
1964	17	29	18	20
1965	18	31	19	19
1966	21	17	21	19
1967	19	20	19	18
1968	18	14	18	18

Neonatal Mortality.—There were 104 deaths of infants in the first four weeks of life resulting in a neonatal mortality rate of 11·7 per 1,000 live births compared with 13·7 in 1967. The provisional England and Wales rate was 12·3.

Perinatal Mortality.—Stillbirths and deaths of infants under one week totalled 218, the perinatal mortality rate being 24·2 per 1,000 total births, compared with 24·6 in the previous year. The provisional England and Wales rate was 25·0 per 1,000.

Maternal Mortality.—As in 1967, one death was registered during the year.

Deaths.—During the year, 7,218 deaths were registered and after adjustment for inward and outward transfers the net total was 6,669. The death rate from all causes was 12·5 per 1,000 population as compared with a rate of 11·4 per 1,000 in 1967. Of the total net deaths, 69·6% were of persons aged 65 years and over. The provisional England and Wales death rate for 1968 was 11·9 per 1,000 population.

A table showing the population, births and deaths and birth and death rates for Sheffield and for England and Wales in 1968 and previous years is given in the appendix, page 112.

Deaths of Sheffield residents by age groups for the decade 1959—1968 are shown below:—

Deaths by Separate Age Groups, 1959—1968

Age	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Under 1 year	131	156	191	174	185	147	158	174	170	160
1 — 4	28	12	23	27	46	24	27	29	24	25
5 — 14	24	22	23	30	30	18	17	31	27	22
15 — 24	31	33	44	45	48	57	40	39	46	37
25 — 44	216	201	228	235	220	214	192	181	173	181
45 — 64	1,488	1,450	1,598	1,604	1,529	1,554	1,447	1,473	1,488	1,605
65 — 74	1,600	1,553	1,757	1,659	1,660	1,617	1,631	1,654	1,553	1,777
75 and over	2,342	2,383	2,613	2,508	2,538	2,384	2,417	2,589	2,487	2,862
TOTALS	5,860	5,810	6,477	6,282	6,256	6,015	5,929	6,170	5,968	6,669

Causes of Death.—Deaths of Sheffield residents, classified according to disease, sex and age group are given in the appendix, page 113.

Marriages.—There were 4,409 marriages during the year, the marriage rate being 16·6 (persons married per 1,000 population) compared with 16·4 in 1967.

Cremations.—There was an increase in the number of cremations carried out at the City Road Crematorium. These totalled 4,561 as against 4,042 in 1967. In each case the documents were examined by the Medical Officer of Health or his Deputy who are accepted referees for this purpose.

Notification of Infectious Diseases.—The Public Health (Infectious Diseases) Regulations, 1968 came into force on 1st October, 1968 and brought about changes in the list of diseases which are notifiable to the Medical Officer of Health. Six conditions now excluded from the list as no longer notifiable are acute influenzal pneumonia, acute primary pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia, while tetanus and yellow fever became notifiable for the first time in this country. Leptospirosis, hitherto notifiable in certain areas only, became notifiable throughout England and Wales. Acute meningitis replaced meningococcal infection; the new term will cover a wider range of conditions than were formerly notifiable. However, of the ten cases of acute meningitis referred to in the table below, 9 were meningococcal.

Cases of Infectious and Other Notifiable Diseases during the year 1968 by age groups

NOTIFIABLE DISEASE	*Number of Cases Notified*								
	At Specified Age Periods								
	Under 1 year	*1 and under 5*	*5 and under 15*	*15 and under 25*	*25 and under 35*	*35 and under 45*	*45 and under 65*	*65 and upwards*	*At all Ages*
Smallpox	—	—	—	—	—	—	—	—	—
Measles	318	3,547	1,827	15	3	4	—	—	5,714
Whooping cough	22	114	59	—	1	—	1	—	197
Scarlet fever	1	61	107	2	—	—	—	—	171
*Infective jaundice	—	12	81	25	15	8	13	2	156
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	2	1	—	1	—	—	—	4
†Puerperal pyrexia	—	—	—	3	6	—	—	—	9
†Erysipelas	—	2	1	—	1	1	3	3	11
Acute meningitis	4	3	1	1	1	—	—	—	10
Acute poliomyelitis—									
Paralytic	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—
†Pneumonia	7	25	12	6	7	14	50	47	168
Malaria	—	—	1	1	1	—	—	—	3
Dysentery	11	109	130	12	19	15	5	1	302
Acute encephalitis—									
Infective	—	1	1	—	—	1	1	—	4
Post-infectious	—	—	—	—	—	—	—	—	—
Food poisoning	5	15	8	20	16	12	20	2	98
Tuberculosis of respiratory system	3	3	2	21	19	19	64	28	159
Other forms	—	—	2	2	8	10	4	4	30
†Acute rheumatism	—	—	2	—	—	—	—	—	2
TOTALS	371	3,894	2,235	108	98	84	161	87	7,038

* Became notifiable on the 15th June, 1968.

†Ceased to be notifiable from 1st October, 1968.

Measles.—Notified cases numbered 5,714 during the year as compared with 4,066 in 1967. An outbreak, which started at the beginning of April and lasted to the end of August, accounted for 4,872 of the total cases. There was one death, that of a spastic child aged two years.

Ministry of Health Circular 9/68 introduced a programme of vaccination against measles to commence in May, 1968 but, as supplies of vaccine were limited, this was to be offered only to susceptible children between their fourth and seventh birthdays and to susceptible children attending day nurseries, nursery schools or in residential establishments, who were between their first and seventh birthdays. Unfortunately the arrangements came too late to prevent the outbreak, although the vaccine appeared to give good protection unless a child was already incubating the disease.

Scarlet Fever.—Notified cases totalled 171 compared with 240 in 1967.

Diphtheria.—No cases were notified during the year.

Whooping Cough.—Cases notified decreased to 197 compared with 431 in 1967. There were no deaths.

Smallpox.—No cases have been notified since 1947.

Typhoid Fever.—No cases were notified during 1968. In 1967, two cases, both recent immigrants to this country, were notified.

Paratyphoid.—Four cases of paratyphoid fever due to *Salmonella paratyphi–B phage type I* were confirmed in Sheffield in July, 1968. Three (mother and two daughters aged 5 and 2) were in one family and the fourth, a youth of 14, belonged to a second family. The families were unrelated and unknown to each other but a common factor was that they had spent a short holiday at Skegness between the 22nd and 28th June.

The epidemiology of the four Sheffield cases is as follows:—

Family A

This family consisted of father, mother, two daughters (5 and 2) and one son aged 7. They stayed at a large caravan site in Skegness for the week 22nd to 28th June. Following their return to Sheffield, two of the children (son and youngest daughter) had a day's diarrhoea on the 1st and 3rd July which cleared up rapidly, but on the 6th July the five year old girl developed gastro-enteritis with severe abdominal pain suggestive of appendicitis. She was admitted to the Sheffield Children's Hospital on the 9th July for observation and transferred on the 11th July to Thornbury Annexe. On admission, a routine stool specimen was negative, but a salmonella (suggestive of *Salm. paratyphi–B*) was isolated from blood culture. She was transferred to Lodge Moor Hospital on the 15th July. A typical enteric rose-coloured rash developed on her abdomen and back on the 16th July. Subsequently her stool specimens were positive for *Salm. paratyphi–B.*

The second case was the mother who developed abdominal pain and anorexia on the 6th July, but attributed this to the fact that she was then five months pregnant. However, she had a rigor on the 10th July followed by fever and enteritis over the next four days. She was admitted to Lodge Moor Hospital on the 14th July. On the 16th July she developed a sparse enteric rose-coloured rash over her abdomen. *Salm. paratyphi–B* were isolated from her stools.

The third case was her two year old daughter who was under close surveillance following the diagnosis of paratyphoid fever in the family. A stool specimen from her was positive for *Salm. paratyphi–B* on the 17th July and she was admitted to Lodge Moor Hospital the same day. On Sunday evening, the 21st July, she developed fever and an enteric rose-coloured rash similar to that of her mother and sister.

No further cases developed in this family. Father and son remained well. Despite the boy's one day of diarrhoea on the 1st July no bacteriological evidence of paratyphoid infection was found.

Family B.

The fourth positive case was a boy aged fourteen. Following his return from holiday he was well until the 10th July when he developed severe headaches which steadily increased in severity. As meningitis was suspected admission to the Northern General Hospital was sought on the 14th July. Blood agglutination examination was consistent with paratyphoid infection. His stool was positive for *Salm. paratyphi–B* on the 19th July and he was transferred to Lodge Moor Hospital the same day. He had quite a stormy illness over the next week, but with appropriate treatment his fever subsided. His home contacts remained well and all their bacteriological investigations were negative.

All four cases responded well to antibiotic treatment and were later discharged from hospital.

Epidemiological Investigations

As the four Sheffield cases seemed to have contracted their infection whilst on holiday in Skegness, a close liaison was established with the Medical Officer of Health for that town, full details as to their movements being sent to him. A number of possibilities as to the likely source of their infection were followed up in Skegness, but no conclusive bacteriological confirmation was forthcoming. On Monday, the 22nd July, a press statement was issued in Sheffield requesting that Sheffield families who had been on holiday or as day trippers during the relevant period (22nd to 28th June) contact the health department so that arrangements could be made to question them for any symptoms or history of illness following their visit. This produced quite a large response and over a period of three weeks over 800 persons were identified who had been in Skegness during that period. The national newspapers took up the story and other local authorities were similarly approached. *Salmonellae paratyphi–B phage type I* were discovered in a male patient from Kettering; two ladies living in Macclesfield, who had identified themselves as a result of a letter written to Sheffield, were found to be infected when investigated in their home area—a further case from Chapel St. Leonards had been diagnosed on serological grounds. These four people had no connection with Sheffield, but all had been in Skegness during the relevant period of time.

Enteritis and Diarrhoea under two years of age.—Five deaths were recorded in the department during the year as compared with three in 1967.

Dysentery.—Again there was an increase over the previous year's notifications, 302 cases of the Sonne type being recorded as against 249 cases in 1967.

Food Poisoning.—During the year 98 cases were notified compared with 38 cases in 1967. Fifty six cases were in the *salmonella* group and one outbreak of *Cl. welchii*, details of which follow, accounted for the remaining 42 cases.

Clostridium Welchii Food Poisoning

On the 11th September, 1968, a message was received in the Sheffield Health Department, to the effect that 42 adults employed at a local tool firm had suffered food poisoning following the midday canteen lunch on the previous day. These victims experienced nausea, abdominal pain and diarrhoea some 12 to 24 hours after a meal consisting of reheated beef, gravy, potatoes and green vegetables. Vomiting was absent in all cases. The mean duration of illness was 36 hours and symptoms varied from mild to moderate in intensity. No case was admitted to hospital and all were able to resume work after a period of 48 hours. 108 other workers who had partaken of the midday meal had escaped infection and it was apparent that they had eaten an alternative course of food. Remnants of the beef and gravy remained and samples were taken for examination to the Public Health Laboratory. Faecal specimens were taken from one in four of the victims and these likewise were sent for examination.

Bacteriological Results

Beef.—Heat resistant *Cl. Welchii* isolated in scanty numbers.
Gravy.—Heat resistant *Cl. Welchii* isolated in very large numbers.
Similar heat resistant *Cl. Welchii* present in nine stools received for examination.

Food Preparation

Thirty-five pounds of topside were received at the canteen in two equal pieces from a local beef and pork butcher on Friday, 6th September at 2.30 p.m. This was stored in a refrigerator over the weekend and removed on Monday, 9th September at 8.30 a.m. After being cut into five equal portions of seven pounds weight, the meat was placed in the kitchen oven at 10.30 a.m. and slow cooked for three hours. After cooking, the meat was removed from the oven and allowed to cool at an air temperature of 18·3°C. (65°F.), in an outbuilding adjoining the kitchen. At 3.30 p.m. it was replaced in the refrigerator. The following morning it was removed from the refrigerator at 10.00 a.m. and thawed in a small store room adjacent to the kitchen at an air temperature of 21°C. (70°F.). The meat was sliced at 11.45 a.m., placed on trays with a small amount of potato water for moisture, then reheated in the oven hotplate, at 37·7°C. (110°F.), for an hour before being served for the noon lunch sitting. Three quarters of the meat remained and this was sliced for the 1.00 p.m. lunch sitting and placed as before in the hotplate at 12.30 p.m.

In the preparation of the gravy, meat-stock was prepared at about midday on Monday, 9th September, allowed to cool in the same outbuilding as the beef until 3.30 p.m. then placed in the refrigerator. The following morning at 10.15 a.m. it was removed from the refrigerator along with the meat. Dripping was extracted from the surface, the remainder being made into gravy and boiled. This was placed in the hotplate 45 minutes later and allowed to keep warm at 37·7°C. (100°F.) for an hour before use.

Conclusions

In this *Cl. Welchii* outbreak, large sized quantities of meat were pre-cooked, slow cooled, refrigerated and then thawed the following day in a warm room for over $1\frac{1}{2}$ hours before 'warming' on a hot plate prior to lunch. It is suggested that there was ample opportunity for 'heat shock' to activate germination of the organisms. Despite regular lectures and films on food hygiene to catering firms, reheating of foodstuffs is still a fairly common practice in the City. This outbreak draws attention to the need for more intensive food hygiene education.

Leprosy.—The names of two females were removed from the register as cured and one male left the country.

Acute Meningitis.—Nine cases of meningococcal meningitis were notified during the year, as against three in 1967. Three children under two years died. There were no deaths from this cause in the previous year. In addition, ten deaths from other types of meningitis were recorded by the Registrar General and seven of these were of children under two years.

Acute Poliomyelitis.—No cases have been reported in the City since 1962.

Acute Encephalitis.—Four cases were notified and there was one death, that of a woman aged 59 years.

Post Infectious Encephalitis.—No cases notified during the year.

Malaria.—Three cases, all contracted abroad, were notified.

Infective Jaundice.—The Public Health (Infective Jaundice) Regulations 1968 were brought into operation on the 15th June and from that date cases of infective jaundice became notifiable. To the end of the year, 156 were notified and five deaths from this cause were registered. Four of the deaths were in the 44—55 years age group, the other was aged 82 years.

Influenza.—An outbreak of influenza A which appeared to reach its peak in January, resulted in 21 deaths, giving a mortality rate of 0·039 compared with 0·009 in 1967. Despite the intense interest aroused in the press over 'Mao flu' there was no evidence during the Autumn of an outbreak of influenza in Sheffield.

Pneumonia.—From the 1st October, 1968 pneumonia ceased to be a notifiable disease. Deaths during the year numbered 357, and of these 155 were males and 202 were females. The mortality rate was 0·67 per 1,000 population compared with 0·47 in the previous year.

Bronchitis and Emphysema.—Deaths, which had declined in 1967, again increased to 462, the death rate being 0·87 per 1,000 population compared with 0·74 in 1967. The number of deaths and mortality rate for Sheffield residents during the decade 1958—1967 are given in the following table along with the England and Wales rates for comparison.

	Number of Deaths			*Rate per thousand population*	
Year	*M.*	*F.*	*Total*	*Sheffield*	*England and Wales*
1958	305	111	416	0·834	0·652
1959	288	114	402	0·805	0·640
1960	339	99	438	0·877	0·579
1961	316	156	472	0·954	0·679
1962	360	140	500	1·009	0·713
1963	379	130	509	1·027	0·751
1964	357	134	491	1·000	0·606
1965	336	116	452	0·924	0·619
1966	347	148	495	1·017	0·663
1967	281	108	389	0·744	0·575

Tuberculosis.—During the year there were 159 primary notifications of tuberculosis of the respiratory system, the incidence rate being 0·298 per 1,000 population compared with 0·254 in 1967. Notifications of other forms of tuberculosis totalled 30, giving an incidence rate of 0·056 compared with 0·053 in 1967.

Deaths from tuberculosis of the respiratory system increased to 18, the mortality rate being 0·033 compared with 0·024 in 1967. No deaths from other forms of tuberculosis were registered.

Death Rates per Thousand Population from Tuberculosis 1959–1968

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	*England and Wales*	*Sheffield*	*England and Wales*	*Sheffield*	*England and Wales*
1959	0·126	0·077	0·006	0·008	0·132	0·085
1960	0·108	0·068	0·002	0·007	0·110	0·075
1961	0·085	0·065	0·006	0·007	0·091	0·072
1962	0·111	0·059	0·012	0·007	0·123	0·066
1963	0·073	0·056	0·012	0·007	0·085	0·063
1964	0·081	0·047	0·004	0·006	0·085	0·053
1965	0·047	0·042	0·010	0·006	0·057	0·048
1966	0·073	0·043	0·002	0·005	0·076	0·048
1967	0·024	0·037	—	0·005	0·024	0·042
1968	0·033	0·030	—	0·013	0·033	0·043

Acute Rheumatism.—Ceased to become notifiable from 1st October, 1968. Prior to that date two children, each aged 12 years, were notified.

Cancer.—Total deaths from this cause numbered 1,341; of these 768 were males and 573 were females. The mortality rate from all forms was 2·52 compared with 2·36 in 1967.

Cancer of the lung and bronchus accounted for 398 deaths, the mortality rate being 0·748 compared with 0·698 in 1967. Comparison of the Sheffield and England and Wales rates for the years 1959—1968 follow:—

Cancer of the Lung, Bronchus

Year	Number of Deaths	Rate per thousand population	
	Sheffield	*Sheffield*	*England and Wales*
1959	286	0·573	0·464
1960	280	0·560	0·481
1961	325	0·657	0·494
1962	326	0·658	0·510
1963	303	0·611	0·519
1964	313	0·637	0·535
1965	340	0·695	0·553
1966	343	0·705	0·562
1967	365	0·698	0·584
1968	398	0·748	0·593

VENEREAL AND OTHER SEXUALLY TRANSMITTED DISEASES

By R. S. Morton, M.B.E., F.R.C.P. (Ed.),
Consultant Venereologist, Sheffield.

"I have purchased as many diseases under her roof as come to . . . . . three thousand dolours a year"
William Shakespeare (Measure for Measure)

In contrast to the national situation the incidence of most sexually transmitted diseases decreased slightly in Sheffield during 1968. The problem continues to be serious, however, and the most one can say is that for the moment rates have stabilised at a high level.

Syphilis.—Only one infectious case was seen in 1968 compared with six in 1967. This infection is the only one which is well controlled. Late and latent cases of syphilis numbered 21 as against 20 in 1967. The number of deaths due to syphilis was four, the number in 1967 being three.

Screening of blood donors, antenatal patients and a proportion of hospital in-patients continues to detect patients with the disease, and in terms of preventive medicine is very worth while.

Gonorrhoea.—Nationally the incidence of this infection continues to rise and is now well above the pre-war rate. It is generally agreed that control of gonorrhoea has been lost. There were 508 cases of gonorrhoea in Sheffield in 1968 as compared with 561 in 1967 the peak post-war year. There were 325 infections in men and 183 in women. The ratio of males to females showed a slight move towards unity, and this is reflected in the fall in the number of male infections. The tracing of sex contacts of infected persons continues to be pursued with speed and vigour, and success in this area has contributed to the improved situation and is a matter for satisfaction. Three cases of complicated gonorrhoea in women wearing an intra-uterine device were reported.

Non-Gonococcal Urethritis.—This is a condition of men only. No further light has been thrown on the cause. There were 209 cases in 1968 as compared with 231 in 1967. The number of men with the severe complication of multiple arthritis, necessitating many lost weeks of work, was 6 compared with 8 in 1967.

Trichomoniasis.—This is the commonest cause of pathological vaginal discharge in women. One hundred and thirty-three women were diagnosed as having the condition. Eighteen men, the majority sex contacts of infected women, were also found to harbour the causative parasite usually without symptoms. It continues to be the policy of the department to see the male partners of infected women, to investigate such men and to treat only where indicated. Three cases of epididymitis were reported where the trichomonas vaginalis was believed to play a causative role.

Other Sexually Transmitted Diseases.—Cases of scabies, infestation with pubic lice and genital warts continued to present in increasing numbers. Scabies is disturbingly common.

The Present Position.—Sexually transmissible diseases are so common that the need for full investigation of people who have exposed themselves to possible infection has never been greater. Dr. E. H. Gillespie at the Public Health Laboratory continues to provide a first class service so that Sheffield patients enjoy the benefits of a scientific diagnostic service far above average.

During the year the health visitor seconded from the Public Health Department continued to make a handsome contribution to the control of the spread of infection. Her growing experience is reflected in the reduced incidence of gonorrhoea. Altogether, between tracing allegedly infected sex contacts and exhorting defaulters to complete treatment or tests, 1,077 visits were made to 449 patients. This contrasts with 1,108 visits to 430 patients in 1967.

The programme of education to the public about venereal diseases continues to expand. All concerned took part in a television programme on the subject. The purposeful and productive co-operation with the Sheffield health education service is now more than recognised nationally. It is imitated.

The need for all medical, nursing and social workers to be fully aware of the extent of venereal diseases at the present time is emphasised at every opportunity.

In the present socio-economic climate a high index of suspicion regarding the possibility of sexually transmitted infection in the individual patient continues to be the order of the day.

CARE OF MOTHERS AND YOUNG CHILDREN

(Maternity and Child Welfare)

By MARION E. JEPSON, B.Sc., M.B., Ch.B., D.C.H., D.P.H.
Senior (Maternity and Child Welfare) Medical Officer.

"Nothing grows in our garden, only washing. And babies"
Dylan Thomas (Under Milk Wood)

It is almost a hundred years since events in this country were gradually leading up to the development of the maternity and child welfare services. Whilst the established principles on which the present-day services are based remain unchanged, it is necessary from time to time to make a critical appraisal of the way in which the service is expressing its true function—that of positive concern and practical measures for the care of mothers and young children—in terms of present-day needs.

Notification of Births.—In 1968, 10,509 births were notified in Sheffield, of which 10,355 were live births and 154 stillbirths. A proportion of these births relate to women normally resident outside the City whose confinement took place within the City boundary.

The system of notification has been operative in Sheffield for sixty years and ensures that each mother, through the visit of a health visitor, forms her first link with a service designed to safeguard the health of herself and her family. The following table shows the number of births taking place in hospital, nursing homes and at home, with specific details relating to Sheffield women only. The proportion of Sheffield women delivered in hospital (75%) is a little higher than in the preceding year (71%).

Notifications of Birth			*Details relating to Sheffield Women*		
			No. of confts.	*Live births*	*Still births*
At Home:—					
By private medical practitioners	497		494	492	3
By midwives	1,545		1,536	1,534	6
Unattended	4		4	3	1
	——	2,046			
In nursing homes		314	205	206	—
In Hospitals:—					
Northern General Maternity Hospital ...	3,045		2,726	2,725	50
Nether Edge Maternity Hospital	2,196		1,941	1,937	22
Jessop Hospital for Women	2,906		1,893	1,890	42
Royal Infirmary	1		1	1	—
Chapeltown	1		1	1	—
	——	8,149			
TOTALS ...		10,509	8,801	8,789	124

Local Authority Clinics.—The following table shows the relationship between requests regarding place of confinement made by patients attending the local authority antenatal clinics and the actual allocation of bookings.

Number of patients attending for first time	3,708
Number requesting hospital confinement	3,091
Living in own home	2,104
Living in rooms	987
Not pregnant or miscarried	166
Left the City before confinement	70

The remaining 2,855 patients were booked as follows:—

Hospital	2,376
Home	474
Private nursing home	5
Number requesting home confinement	617
Living in own home	556
Living in rooms	61
Not pregnant or miscarried	33
Left the City before confinement	9

Arrangements were made for the remaining 575 as follows:—

Home	425
Hospital	148
Nursing Home	2

Of the 2,855 patients requesting hospital confinements 2,376 (83·2%) were allocated a booking. As there is still some limitation of the number of beds available, medical and sociological criteria must be considered in the selection of patients for hospital delivery. In the majority of cases, the decision coincides with the patient's own wishes, and it is with great reluctance that the requests of the small minority have to be refused. Even though there are no medical or social grounds contra-indicating home confinement, and the reasons behind the wish for a hospital delivery may not be specifically definable, the granting of such a request could make a significant contribution to total well-being during pregnancy and labour. The early discharge system has helped a great deal in this respect, and it is probable that the opening of the new Nether Edge General Practitioner Maternity Unit in 1969 will mean that many more requests for hospital delivery can be granted.

A rather different problem is presented by the patient who wishes very strongly to have her baby at home, even though she may be aware that there are factors constituting a risk to herself or the baby. Fear of hospital or unfamiliar surroundings, anxiety regarding the welfare of her family during her absence may make the wish for home delivery so strong that the patient first arrives at the antenatal clinic well-advanced in pregnancy in the hope that no hospital bed will be available, or persistently defaults from the clinic in the hope that the hospital booking will be 'forgotten.' The promise of a forty-eight hour stay may finally tip the balance, reinforcing the combined persuasion of doctor, health visitors and midwives. 575 patients requested a home confinement but, of these 148 (26%) were eventually persuaded to accept hospital delivery.

Extra-Marital Pregnancies.—The unmarried mother in her nine months of pregnancy has possibly more problems confronting her than many women experience in a lifetime. These problems are highly individual and vary enormously in their range and complexity, from the girl who on the surface at least has resolved her immediate difficulties by advancing her wedding-day and simply requests a hospital bed, to the girl who is overwhelmed by lack of work, money, accommodation, place for delivery, or family ties, who cannot clearly see any future, and needs much material help and supportive casework before her conflicting emotions can hope to be resolved. Perhaps one of the most difficult decisions that a woman has to make is that regarding the keeping or adoption of her baby, and so very often this decision has to be made against a background of insecurity, both present and future, which prevents her from finding a considered answer. If adoption is forced upon her by pressure of material circumstances, when the true solution in her particular case is to keep the baby, then it is possible that the whole experience will prove to be one of diminishment rather than a point of growth. The attitude of society towards the girl or woman with an illegitimate pregnancy is, however, gradually changing from one of punitive recrimination to a growing recognition of the need to provide, with human warmth and understanding, whatever help she, as a mother without support, is lacking.

During 1968, 505 women and girls were unmarried when they attended a local authority antenatal clinic for the first time; in addition, 51 married, separated or divorced women having illegitimate pregnancies attended. Of the total 556 patients, 408 were pregnant for the first time.

The patients fell into the following age groups (with comparisons for 1966 and 1967):—

	14 *years*	15 *years*	16 *years*	17 *years*	18-21 *years*	Over 21 *years*	*Total*
1966	2	11	39	55	239	212	558
1967	3	10	64	88	260	237	662
1968	1	8	44	71	259	173	556

At the time of their first attendance at the clinic 80 patients had their own homes, 288 lived at home with their parents, 178 were in rooms and 10 came from the Remand Home, the Approved School or the House of Help.

Of the 505 unmarried girls, 173 were married soon after they became pregnant including 37 of the 17 year-old girls, 16 of the 16-year old and the one 15-year old girl who married as soon as she became 16. A further 37 hoped to be married before the baby arrived. The Superintendent Health Visitor, her Deputy and staff are available at all times to give help and advice on the different problems, and work closely with the staffs of Mother and Baby Homes and workers in the hospital medical social departments, the Moral Welfare Service, the Children's Department, the Adoption Societies and the Probation Service. Every effort is made to arrange a hospital confinement where this is requested or thought advisable; of the 536 patients requesting hospital delivery, only 16 were booked for home confinement, these being girls whose marriage was already arranged in the near future, or women already married who were suitable for home delivery by medical and social criteria. 20 patients requesting home confinement were considered unsuitable and were booked to hospital. Problems of accommodation often require urgent attention, and during the year 26 expectant mothers had some period of residence in the Mother and Baby Home, Hucklow Road; admissions were also arranged to St. Agatha's Church of England Hostel, Broomgrove Road, and St. Margaret's Roman Catholic Maternity Home, Leeds. In October, the Sheffield Mother and Child Housing Association opened a large house in Broomgrove Road which had been converted into bed-sitting rooms to accommodate seven unsupported mothers and their children; this courageous venture is warmly welcomed for its very practical contribution to the welfare of these mothers.

Antenatal Clinics.—In the administration of the maternity services there were three principal clinics at the end of 1968—Orchard Place, Firth Park and Manor Centres; in addition antenatal sessions were held at 21 subsidiary centres. During the year 2,546 sessions were held. Antenatal clinics fall into two categories:—

(i) Those conducted by the clinic doctor, at which there were 22,862 attendances, dealing with hospital booked cases and domiciliary cases to be attended by a midwife only.

(ii) Those conducted by midwives alone, at which there were 11,936 attendances, consisting of domiciliary cases where the family doctor had been booked for confinement, reference when necessary being directed to the general practitioner.

In 1968 it was decided that when patients had been booked for hospital delivery through the local authority clinic, opportunity should then be given to the patient's general practitioner to continue antenatal care if he so wished, in co-operation with the hospitals. The clinic doctors would continue to supervise patients whose doctors did not wish to undertake antenatal care, and mothercraft classes would be available for everyone as before. In particular it was emphasised that, although medical care would gradually become a joint undertaking between general practitioner and hospital, the local authority services had still an important contribution to make in the assessment of home conditions and the unravelling of social problems.

The following is a survey of 4,017 patients, due for confinement in 1968, who attended the local authority clinics. 2,857 patients were confined in hospital, 745 were delivered at home, 32 were delivered in the Chapeltown Maternity Home and 10 in a private nursing home. In addition there were 127 miscarriages, 111 patients left the City before confinement, 129 were not pregnant and 6 removed and were not traced.

The confinements which include 40 sets of twins resulted in 3,647 live births and 37 stillbirths.

Details of deliveries are as follows:—

Northern General Hospital—1,310 patients. There were 1,309 live births and 16 stillbirths with 15 sets of twins (682 males and 643 females). 82 patients were booked for home delivery but were referred to the Northern General Hospital later in pregnancy on account of some abnormality and these were delivered in hospital. 19 patients booked to the Nether Edge Hospital and one booked to Chapeltown Maternity Home were delivered in the Northern General Hospital. 15 babies died under the age of one month.

Nether Edge Hospital.—1,305 patients. There were 1,306 live births and 13 stillbirths with 14 sets of twins (670 male and 649 females). Death occurred in 13 babies under the age of one month.

Jessop Hospital for Women—242 patients. There were 249 live births and 3 stillbirths with 10 sets of twins (116 males and 136 females). Of the above, 5 patients booked to Nether Edge Hospital were later transferred to the Jessop Hospital for delivery. Two patients were previously booked to the Northern General Hospital, three to the Chapeltown Maternity Home, one to Claremont Nursing Home and 68 had booked a home confinement. One baby died under the age of one month.

Chapeltown Maternity Home—32 patients. There were 31 live births and one stillbirth (17 males and 15 females).

Home Deliveries—745 patients who attended local authority antenatal clinics were delivered at home. There was one set of twins; 742 live births and 4 stillbirths (378 males and 368 females). Death occurred in one baby under the age of one month.

Private Nursing Home—10 patients were delivered in a nursing home. There were 10 live births (4 males and 6 females).

In addition 1,903 patients who had not attended the clinic, were allocated the services of a midwife.

Antenatal Care—As well as general obstetrical supervision, certain screening procedures are carried out as routine measures in the antenatal clinic.

Chest Examination—It is not general policy to refer all cases for chest X-ray, each case being assessed on its own merits. Chest X-ray is not carried out where there is definite evidence that a patient has been X-rayed within the previous two years, or has already had B.C.G. vaccination. Where there is any doubt, or if the patient is a recent immigrant to the country, chest X-ray is recommended after the fifth month of pregnancy. Contacts of known tuberculous cases and patients having had a previous tuberculous infection are referred to the Chest Clinic for examination and discussion regarding the advisability of B.C.G. vaccination for the coming baby. During the year, 214 patients were referred and 191 attended; two active cases of tuberculosis were found.

Blood Examination—It is important that in the case of every expectant mother, information should be available regarding her blood group and rhesus factor, any evidence of venereal infection, and whether or not she is anaemic. Relevant blood samples are obtained from every patient attending the clinics, and the general practitioners also refer for this purpose, patients booked for home confinement under their care. During 1968 samples were examined from the following number of patients:—

Grouping and rhesus factor	3,503
Wasserman, Kahn, etc.	3,979
Haemoglobin	7,469
Other tests	1,173

Rhesus Factor—As a result of 3,503 blood samples being examined for the rhesus factor 29 women attending the local authority clinics were found to have rhesus antibodies; one left the City before delivery and the remaining 28 women were delivered in hospital. All the babies were born alive, and 19 of these showed to a greater or lesser degree signs of haemolytic disease of the newborn. Twelve were only mildly affected and no active treatment was needed; the other seven needed exchange transfusions and one very severely affected baby died soon after treatment was instituted.

Research has shown that haemolytic disease due to the formation of rhesus antibodies may in many cases be prevented from occurring in a subsequent pregnancy by the administration to rhesus negative women shown to be at risk, of a special immunising agent within 36 hours of delivery. From October, 1967, it has been possible to offer this protection to all rhesus negative women having just had their first baby and shown to be at risk, and in 1968 this was extended to rhesus negative women who had no surviving child. In order to determine whether or not a woman is at risk, it is necessary to make special examinations of a sample of blood taken immediately after delivery, and in those cases where a significant result is obtained, immunisation is carried out forthwith. The majority of rhesus negative women having their first baby are delivered in hospital, but the tests and necessary immunisation are available also for women delivered at home, and the domiciliary midwives have, with the general practitioner's agreement, very willingly undertaken the task of collecting the necessary blood samples and carrying out the immunisation where necessary.

Tests for Venereal Disease—During 1968, 3,979 specimens were examined at the Public Health Laboratory for evidence of venereal disease and, as a result of these tests, nine patients were found to have evidence of infection and were referred to the Special Clinic for treatment. Of these, seven were women already known to have had an infection in the past and they were given supplementary treatment; two were new cases in the sense that there was no record of a previous blood test or one that showed a positive result. Eight patients were suffering from acquired syphilis or yaws; one had congenital syphilis. Of the total number of patients five were West Indians, one was a Pakistani and three were English. One patient left Sheffield before delivery and one miscarried. Three pregnancies have resulted in live babies, all of whom would attend the Special Clinic with their mothers a few weeks after birth, when further tests on the child and mother would be carried out. Four women are still to be delivered.

Haemoglobin Estimation—Haemoglobin estimation on first attendance at the antenatal clinic showed that 20 patients had a severe degree of anaemia (haemoglobin 59% and below), whilst 97 had a moderately severe anaemia (haemoglobin 69% and below). In estimations repeated at the 28th—30th week of pregnancy 10 patients had a haemoglobin of less than 60% and 163 were found to be below 70%.

Hookworm Infestation—It is known that a cause of serious anaemia in coloured immigrant women is hookworm infestation, and this type of anaemia cannot adequately be treated unless the underlying helminth infestation is dealt with. Specimens of faeces from coloured immigrant women attending the local authority antenatal clinics are examined for parasites, and patients found to have such an infestation are referred for

treatment either to their own doctor or to the hospital to which they are booked. Out of 27 faecal specimens examined in 1968 two showed evidence of hookworm disease; one of these patients had a serious anaemia, her haemoglobin being less than 60%.

Dental Treatment—Arrangements are available for antenatal patients to receive dental care at school dental clinics. The number of patients who can be persuaded to attend the clinic for examination and treatment has been very small. Some patients do indeed attend their private dentists, but only too often this is promised by the patients as an alternative to attending the local authority clinic and nothing further is done in spite of advice from clinic doctors and midwives.

Outcome of Pregnancy—In 1968, 3,644 confinements in patients who had attended the local authority clinics for antenatal care resulted in 3,647 live births and 37 stillbirths; there were 40 sets of twins. Of the 3,647 live births 30 died within the first four weeks of life, 26 of these within the first week.

All stillbirths and deaths during the first week of life are classified as perinatal deaths, as it is recognised that comparable causes are operating in both groups.

There were 63 perinatal deaths in 3,684 live and stillbirths among patients attending local authority clinics and the following table shows an analysis of the causes:—

Cause	*Number of Stillbirths*	*Number of Deaths under One Week*	*Perinatal Deaths*
Twins	2	4	6
Foetal abnormality	7	3	10
Maternal toxaemia	7	—	7
Ante-partum haemorrhage	3	—	3
Placental insufficiency	9	1	10
Maternal condition	—	2	2
Difficulties in labour (including cord) ...	4	1	5
Prematurity, no cause known	3	13	16
Mature, no cause known	2	1	3
Miscellaneous	—	1	1
TOTALS ...	37	26	63

Foetal abnormalities included six cases of central nervous system abnormality (anencephalus 4, spina bifida cystica 2) and one case of congenital heart lesion. Four deaths occurring in the second, third and fourth weeks of life were due to three cases of congenital abnormalities and one case of acute infection.

Maternal Deaths—There was one maternal death in 1968 due to massive pulmonary embolism fourteen days after delivery. There had been no indication during the antenatal period, labour or the puerperium that this was likely to be a complication of pregnancy.

Postnatal Clinics—This is considered to be an important visit, and every effort is made to encourage the mother to attend for examination, whether it be done by general practitioner or at hospital or local authority clinic. The visit includes a brief general, and more detailed local examination, including a cervical smear where appropriate, to make sure that any abnormalities developing during pregnancy or delivery have either disappeared or are treated. It also gives an opportunity to discuss the baby's progress and any general problem and anxieties that may have arisen, and to give information and advice on family planning.

In 1968, 1,366 new postnatal patients attended the clinic and there was an overall attendance of 1,579.

Family Planning Clinics—The City Council agreed in November, 1967 that a comprehensive family planning service should be offered through local authority clinics to all Sheffield women and that, although some payment for actual contraception substances and appliances would be asked for in cases where there were no medical reasons for family limitation, consultation, medical examination and advice would be free of charge for everyone.

Since this decision was made, the number of clinics at which family planning sessions are held has gradually increased. Extra sessions have been added to those previously held at seven centres in the City and new sessions have been introduced at six additional centres (Stannington, Tinsley, Gleadless, Hyde Park, Broomhill and Broadfield Road) making a total of sixteen sessions held at thirteen centres each week; three of these sessions are held in the early evening. All recognised methods of contraception are available, including the fitting of the intra-uterine device which is carried out at five of the centres. The sessions are undertaken by three full-time and eight part-time medical officers, all of whom are fully trained in family planning methods. In 1968 eight clinic nurses completed the Family Planning Association course.

In 1968 1,379 new patients attended the clinics compared with 536 in 1967; the methods advised were:—

Oral contraception	870
Cap	287
Intra-uterine device	140
Miscellaneous	82
TOTAL	1,379

A panel of experienced doctors decided upon the medical criteria by which to assess whether contraception supplies should be provided free of charge, and two members of the panel are available to meet weekly to make decisions regarding doubtful cases. Patients who have not been recommended for free supplies on medical grounds and who feel unable to pay the full cost have been referred to the Assessment Sub-Committee of the Health and Welfare Committee.

Thought has been given to the part which health visitors and midwives play in influencing the attitudes of people towards the planning of their families and to the giving of informed advice when requested, and with this in view special lectures have been arranged. More general publicity to the services which the local authority provides has been given through the local press and radio, and it is probable that continued publicity in varied forms through these media will be necessary at intervals.

The Family Planning Association continue to operate their clinics, but these tend to be concentrated in one or two areas of the City rather than at focal points throughout the area. It would seem that the expansion of local authority clinics has meant that our services are readily available in many areas of the City, should women require them and wish to attend a local authority clinic. It is likely that some women will still prefer to attend the Family Planning Association clinics, but this will be increasingly a matter of personal choice rather than necessity stemming from the lack of a local authority clinic near at hand. Future expansion of our service will probably take the form of a domiciliary service and increased numbers of evening sessions at established centres rather than the introduction of clinics at additional centres unless there is definite indication of need such as might arise in areas of new development.

Child Welfare Clinics.—In 1968 three additional clinics were opened at Highgate (Tinsley), Stannington and Bradway and the new purpose-built clinic at White Lane, Gleadless, replaced the use of a church hall. During the year 7,427 babies and young children were seen for the first time and total attendances numbered 63,931.

In these days of the 'affluent society' the need for child welfare clinics may at times be questioned. Compared with the situation of sixty or seventy years ago the majority of young children today have a high standard of physical health, which has been achieved not only through advances in medical science, but by an awareness of potential hazards and the adoption of methods to counteract their influence. The achievement of good health is an evolving and not a static process, and there is a continuing need for the kind of preventive service developed through the child welfare clinics. From time to time the occurrence of sporadic cases of rickets and scurvy jolt our complacency and perhaps emphasises the need to focus extra attention on special groups of children and their parents, especially where health education is concerned. The 'At Risk' register and the register of congenital abnormalities continue to identify those children whose progress should be carefully watched, but at the same time should not be allowed to overshadow the need to observe at regular intervals the development of children in whom there has been no identifiable reason for inclusion in either register. The child welfare clinic of today should provide unique facilities for observing the total development of a child in terms that include not only physical health and mental achievement but social and emotional aspects also. The promotion of measures aimed at the detection and, if possible, the counteraction of tensions and strains hostile to emotional health and wellbeing, the recognition of disturbed relationships with the family at an early and reversible stage, are important contributions to the total health of a child. The function of safeguarding the health of children, looked at from all these angles, becomes a complex procedure in which the child welfare clinic should continue to play its part, recognising that the full value of its role is achieved only when played in close co-operation with members of other services having a similar concern for children. In this respect it is envisaged that the new health centres planned to be built in the next few years will enable the combined skills and knowledge of general practitioners and local authority staff to be used to even greater effect.

Register of Congenital Abnormalities.—This register is compiled from various sources. Many abnormalities detectable at birth are indicated on the birth notification form by the midwife in charge of the case and from scrutiny of stillbirth registrations. 67% of the abnormalities entered on the register in 1968 were notified in this way. The remainder, many of which did not become evident until some time after birth, were notified through copies of hospital discharge letters relating to newly-born infants and older children attending hospital, and from information from health visitors, clinic doctors and general practitioners, all of whom have given most valuable co-operation. Although these defects may not be notified to the Registrar General as are the ones detectable at birth, many do constitute very real handicaps to the future development of the child and, without them, a comprehensive picture of the total incidence of abnormalities cannot be obtained.

'At Risk' Register.—This register includes the names of children in whom some factor has been, or is still, operative, which may possibly interfere with normal development. Such factors may have a genetic basis, or arise during the antenatal or perinatal period or may first appear in postnatal life through accident, illness or social circumstances. If the register is not to become unmanageable some assessment of the gravity of the risk is advisable, taking into account the cumulative effect when more than one factor is operative.

Both the 'At Risk' register and the 'Abnormality' register are reviewed at intervals to ensure that all necessary action is being taken. Many of the babies on both registers have been under hospital supervision since birth, but it is still essential that a watchful eye should be kept on their progress, especially where the mother finds regular hospital attendance difficult. A special clinic for handicapped children is held each week at Orchard Place; this combines assessment of progress of the child with support for the parents by advice regarding available services and opportunities for leisurely discussion of any particular problem. Details of cases added to the registers during the year are given on page 116.

Deafness.—Screening tests for defective hearing should form part of the development assessment of every child at different stages of growth, and this is especially the case when a child is known to be 'at risk'. The health visitors arrange for simple screening tests to be carried out either in the child's home or in the clinic (p. 34) and each clinic doctor includes such tests in the routine examination of the child. During the year 112 children were referred to Dr. Swallow of the School Health Service for more detailed testing in the audiology clinic.

Eye Defects.—In 1968, 130 children with definite or suspected strabismus were referred from the clinics to the ophthalmic department of the Royal Infirmary.

Phenylketonuria.—Every effort is made by the health visitor to test babies for phenylketonuria between the ages of three to six weeks. In 1968, 7,303 tests were made; there were four doubtful positive results and these babies were referred to hospital for more detailed tests. In three cases the eventual result was negative, but the fourth case was a true positive and the appropriate treatment was commenced without delay.

Preventive Psychiatry.—The part played by social and emotional relationships in the development of the young child has already been mentioned. It is important to remember that the antenatal period may be the time when difficulty experienced by the mother in adapting to changing attitudes and emotions may sow the seed of disturbed mother-child relationship later. Recognition of this difficulty and its significance may make solution at an early stage possible. In this context the sessions for expectant mothers held by Dr. Horsley have a special function and 215 new cases were seen in 1968. Dr. Horsley also gives valuable help to clinic doctors and health visitors who may discuss with him, or refer, children in whom some severe difficulties have arisen. 292 children were seen in 1968.

Health Education.—If a maternity and child welfare service is to fulfil its purpose adequately, health education must form an indispensable part of its programme. Although so much information is generally available today on matters concerning health of mothers and children, in some ways the effect may be to confuse or alarm rather than to encourage positive attitudes towards health. The formal and informal health education available at the clinics not only gives accurate and balanced information to parents, but by encouraging their participation, enables it to become relevant and signicant to their individual circumstances. Groups of antenatal patients and young parents have met at intervals during the year at several clinic centres, including daytime and evening sessions for teaching in the psychoprophylactic preparation for childbirth.

Cervical Cytology.—During 1968, the cervical cytology service was continued at special sessions held at thirteen centres and, in addition, tests were taken from women attending antenatal, postnatal and family planning clinics. The test is designed to detect changes in the cells of the cervix which, if unchecked, could possibly develop into overt malignancy at a later date. The service also provides for examination of the abdomen, pelvic organs and breasts, and gives the patient an opportunity to discuss any anxieties regarding her general health. It was hoped that this service would provide a valuable preventive measure for those women most 'at risk' of developing malignant disease of the cervix—that is the women of 35 years and over of social groups four and five or of high parity. Unfortunately it is clear that these women are not necessarily those who most readily avail themselves of the opportunities provided. Compared with the two previous years direct requests for appointments in 1968 constituted an even smaller percentage of the total number of women on whom the test was made. Smears were taken from 5,387 women, a slightly larger number than in 1967 (4,438) but only 2,885 (54%) attended special appointment clinics compared with 85% in 1966 and 67% in 1967, and of the 2,885, 928 (32%) were women of under 35 years of age.

A total age analysis is as follows:—

Clinic	*35 years and over*	*Under 35 years*	*Total*
Cytology clinic	1,960	929	2,889
Antenatal clinic	149	620	769
Postnatal clinic	15	311	326
Family Planning clinic	425	978	1,403
	2,549	2,838	5,387

The routine taking of smears at family planning clinics in particular does draw in extra numbers of women of 35 years and over and, in all age groups, a higher proportion of women of social groups four and five and of high parity. Even so, only 420 (8%) women out of the total 5,387 examined, had had five pregnancies or more.

The reasons for non-acceptance of the tests are doubtlessly many, and include ignorance and fear. Factual information regarding the facilities for the test and its nature is a comparatively simple matter to impart, but education to remove basic fears about cancer and to influence attitudes towards its early detection and prevention is much more complicated.

The results of the smears taken in 1968 are as follows:—

Negative smears	5,364
Positive smears	15
Suspicious, not proven positive	8

Of the 15 women with positive smears, seven were over 35 and eight under 35 years of age, including one of under 25 years. Seven of the positive results were in women who had requested an appointment (six of 35 years and over, one under 35) and the other eight positive results were in smears taken at either family planning clinics or antenatal clinics. These results, although based on comparatively small numbers, would seem to indicate that the official lower age limit for availability of the test should be lowered to at least 25 years, and also emphasise the importance of tests being taken in the course of routine examination for other purposes.

Other abnormalities found on clinical examination of the women attending special appointment clinics included:—

Cervical erosion		496
Small	329	
Large	167	
Cervical polyp		90
Uterine fibroids		54
Prolapse		52
Trichomonas or monilial infection		107
Breast tumours		16

Three of the breast tumours proved to be malignant.

DAY NURSERIES

There are four day nurseries in Sheffield providing care for children from the age of nine months to five years. These are at Beet Street, Darnall, Firth Park and Meersbrook Park, and are open from 7.30 a.m. to 6.0 p.m. on weekdays. Beet Street is open on Saturday mornings for children from all the nurseries, but the numbers actually attending have dwindled and during the last three months of the year not a single child was brought.

The usual reason for admission is the necessity for the mother to go out to work but temporary care is also provided during the mother's illness or confinement, and a few children are recommended by health visitors or other social workers because they come from very unsatisfactory or unstable homes.

Each nursery is visited once a month by a doctor and each child is medically examined. When necessary children have been referred for further medical advice. The average daily attendance in 1968 was 129 compared with 124 in 1967.

DENTAL SERVICES

By Mr. E. Copestake
Principal School Dental Officer

"For courage mounteth with occasion"
William Shakespeare (The Tempest)

It has been reported that the number of school dental officers employed at national level is falling and, perhaps as a reflection of this, it has not been possible to replace two full-time dental officers who resigned in September. More than half the staff employed are young women recently qualified and married, and it seems inevitable that staff changes will frequently take place. Conditions are easier than at any time since 1948 when clinics were closed for long periods but even now it seems that they may only be kept open on the basis of 'here today and gone tomorrow'. It is inevitable that in these circumstances it is impossible to maintain a satisfactory service and that parents will seek treatment for children privately. With the object of finding out to what extent this has taken place a survey was carried out at two schools which had not had a visit from a school dentist since 1951. A surprisingly high standard of dental health was found and a majority of the children were obtaining regular comprehensive dental care. This is an entirely different picture from that obtained from a similar survey made in 1956 when it was found that considerably less than 10% of the pupils were obtaining regular treatment. Since that year however the number of newly qualified young dentists entering the general dental services has risen and they are now the most numerous of any age group. It is these younger practitioners who are encouraging children to attend regularly for treatment as they provide an excellent foundation on which a practice can be built. There has been a slow drift of children away from the school dental clinics, and it seems reasonable to expect that the structure and field of operation of the school service will be radically changed in the course of time if this is taken into account.

Of greater benefit to child dental health than the influx of young practitioners to the General Dental Service will be the fluoridation of water supplies, and this will accelerate the need to reconsider the future role of the school dental service. Birmingham has published its first report on surveys carried out in 1964, when the City adopted fluoridation, and in 1967, on children aged three years. The reduction in dental decay is a repetition of the pattern observed in other areas after fluoridation, there being a reduction of between 50% and 60% in the number of decayed teeth. The survey shows a remarkable fall in the proportion of children with ten or more defective teeth, in the case of boys from 8·4% in 1964 to 2·4% in 1967 and in the case of girls from 7% in 1964 to 1% in 1967. The British Dental Association reported in December that since April five additional local authorities had started fluoridation schemes and that a total population of more than 2,000,000 are now receiving fluoridated water supplies.

The Frecheville clinic was closed and replaced by the White Lane Welfare Dental Centre in April. Some 5,000 children were allocated to this clinic which has been open on a part-time basis. A mobile dental clinic was received and put into use in July at the Myers Grove Comprehensive School where a good response to the offer of dental treatment was obtained.

There has been a small drop in the number of children examined in schools this year as compared with last, but there has been a corresponding rise in the amount of treatment provided. Approximately one half of the school population is examined each year and 10% of these children receive complete courses of treatment. These results are not much less than the national average and are, in fact, considerably better than they have been for many years. There has been once again an increase in the treatment given to very young children, but the number of expectant and nursing mothers attending the clinics is small and continues to decrease year by year.

The centres for the mentally handicapped were again visited, 279 patients being inspected and 67 treated. They provide a welcome and interesting change from the normal routine treatment of school children.

Department of Health and Social Security Circular 39/68 explains the provision of dental treatment in Health Centres, and the possibility of a demand from private dental practitioners for the use of these premises on a salaried or on a rental basis should not be overlooked. This is a new development which will bring its own problems none of which can be solved by reference to previous experience in this field.

MIDWIFERY

By Miss W. REDHEAD, S.R.N., S.C.M., M.T.D.,
Non-Medical Supervisor of Midwives

"Progress is the mother of problems"
G. K. Chesterton

The expected pattern of the midwifery services continued during 1968, although the decrease in domiciliary confinements, anticipated with the opening of the new maternity wing at Nether Edge Hospital did not materialise to the expected extent. The character of the domiciliary midwife's work changed slightly, with an increased concentration on antenatal care and education of the expectant mother.

Staff Changes.—During the year the first Assistant Supervisor of Midwives left to take up a teaching post in hospital. Four midwives retired, all after long service with the department. One Assistant Supervisor of Midwives and four full time midwives were appointed. No difficulties were experienced in recruiting staff.

At the 31st December, 1968 the staff consisted of the Supervisor of Midwives, two Assistant Supervisors of Midwives, 52 full time midwives and 8 part time midwives. During the year (1967 figures in parenthesis) midwives attended 2,023 (2,246) confinements. A doctor was booked for 1,821 of these and was present at the time of delivery in 366 cases. In addition there were 202 cases for which the midwife alone was booked and of these a doctor was called in to assist in the actual delivery in five cases. Weekly midwife antenatal sessions continued to be held at clinics in their areas and there were 2,197 attendances at these sessions.

Radio-telecommunications.—Due to financial stringency and in some measure to technical problems concerning manufacture, it was not possible to provide radio-telephones for the midwives, although problems of communication arise with increasing frequency.

Preparation for Childbirth.—There was a constant demand for classes in 'Preparation for Childbirth', particularly for evening sessions. Classes have continued at the six centres, the method used in teaching being a modification of the principles of psychoprophylaxis. 512 patients made 2,982 attendances in 1968.

Medical Aid Calls.—There were 197 cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives' Act, 1951 as against 237 in 1967.

Early Discharge.—The number of mothers booked to hospitals for delivery only, continues to rise. Midwives' visits to assess the suitability or not of the home for early discharge numbered 3,114 in 1968 compared with 3,856 in 1967. The total number of mothers discharged from hospital before the 10th day in 1968 was 5,544 an average of 463 per month compared with 4,935 and an average of 411 per month in 1967. Details of hospital discharges are given on page 117.

The following is a summary of visits paid by the midwives during 1967 and 1968.

	1967	1968
Home visits during antenatal period	13,359	11,281
Nursing visits during 10-28 days after confinement	37,962	35,828
Visits to mothers confined in hospital and discharged home before the 10th day	10,290	10,809
Visits to mothers booked by the hospital for delivery and discharged home after 48 hours	8,768	10,434
Visits for the purpose of assessing suitability for home confinements and early discharges	3,856	3,114
TOTALS	74,235	71,466

Pupil Midwives.—Training in conjunction with the three maternity hospitals in the City continued. There was an increase in the number of pupil midwives; 38 district teaching midwives assisted in the training of 80 pupil midwives. No difficulties were experienced in providing the requisite ten cases per pupil. Other sections of the Public Health Department and Children's Department assisted in this training.

In conjunction with the Jessop Hospital 41 nurses undergoing obstetric courses during general training spent a day with the domiciliary midwifery service.

Domiciliary Care of Premature Babies.—Work in this section of the service showed a steady increase throughout the year. The higher survival rate of premature and dysmature babies, due to advanced techniques and management, produced a comparable increase in the number of babies transferred from hospital to domiciliary care. During the year 6,283 visits were made by four midwives to 675 premature and dysmature babies, compared with 4,940 visits to 542 babies in 1967.

In co-operation with the Jessop Hospital 23 students taking special courses in the care of premature babies, spent a day with the domiciliary premature baby midwives. Consideration is being given to the appointment of a fifth midwife to the premature baby service in view of the pressure of work and the time consuming nature of that work.

HEALTH VISITING

By Miss O. B. de NEUMANN, S.R.N., S.C.M., H.V.Cert.,
Superintendent Health Visitor

"I find the great thing in this world is not so much where we stand as in what direction we are moving"
Oliver Wendell Holmes

Over the past two decades, significant changes have taken place involving the role and the work of the health visitor; prior to 1946 she was concerned mostly with infant welfare and disease prevention, but she is now firmly established as a family visitor. During the year a total of 107,398 home visits was made, details being given in the appendix, page 118.

The increase of over 2,000 visits from the previous year to persons aged 65 years and over is due in part to a closer liaison with the family doctor.

Health visitors endeavour to screen all babies for phenylketonuria and deafness, and 8,954 tests were carried out either during home visits or in the child welfare clinics. All babies and toddlers thought to be 'at risk' are kept under surveillance by the health visitor.

Care of Premature Infants.—The importance of the care of premature infants becomes greater relatively as the infant mortality rate declines. The special attention of health visitors is drawn to all notified premature births and such infants are visited as early as possible. During 1968, 60 premature babies were born alive at home and 590 were born in hospital or nursing home to Sheffield residents, making a total of 650 premature infants as compared with 616 in 1967. Thirteen small or feeble infants were transferred to hospital and ten of these survived 28 days. The rate of survival of very small immature infants is poor; of the 42 infants weighing 3lbs. 4ozs. or less at birth, only 12 were alive at the end of the 28 days period. One hundred and twenty four stillborn babies were born to Sheffield residents in all weight groups; 114 children in hospitals or nursing homes, and 10 at home. Further information is given on page 119 with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1968.

Care of the Aged.—In the geriatric field generally, effective preventive work is inadequate; more facilities are necessary where early detection can play its vital role. It is envisaged that the planned Day Assessment Centre at the Johnson Memorial Home which should be operational in the not too distant future, will have facilities for screening tests, counselling and health education for the elderly. Dr. K. J. G. Milne and Dr. J. R. Cox, Consultant Geriatricians at the Northern General and Nether Edge Hospitals, co-operate very closely with the Public Health Department. A health visitor accompanies the geriatricians on the twice weekly domiciliary assessment visits in cases where elderly people have been referred for admission to hospital; resulting from this close co-operation, many admissions were able to be postponed and fuller use made of the domiciliary services and in other cases admission was expedited. The waiting list has been reduced considerably, partly as a result of the day centres at both hospitals and also the policy of short term admissions. Voluntary organisations continue to provide a very valuable amount of help to the elderly and often fill a gap left by the statutory services.

The 'meals-on-wheels' service is a great boon to the elderly housebound and handicapped persons. It would be helpful if, in time, hot meals could be provided on more than the two days as at present, and disposable plates etc. provided, which would lighten the work of the volunteer helpers.

Liaison with Hospitals.—Health visitors attend paediatric clinics at all the local hospitals, and a good liaison exists between medical social workers and the local authority staff. A health visitor acts as liaison officer between the Chest Clinic and local health department.

General Practitioner Attachment.—A pilot scheme involving the first complete attachment of two health visitors to a group practice commenced in the latter part of 1968; it is too early yet to evaluate the success of the scheme. Active co-operation between general practitioners and health visitors is increasing steadily; sixteen health visitors have regular weekly consultations, most other contact being made by telephone. Several other doctors both in group practice and working individually have recently intimated their interest in health visitor attachment, and discussions are under way to develop this method of working together by staff and doctors. One must be on the alert to see that the skills and expensive training of the health visitor are used to the best advantage; it is essential that the aims of prevention are never lost sight of and that a proper balance is maintained. Adjustments will be necessary but health visiting principles must not be sacrificed to expediency—the ultimate aim must be the best possible service to the community.

Health Education.—During the year a new and interesting venture was undertaken by a senior health visitor at the Manor Clinic. Three courses of mothercraft talks were introduced, especially designed for adopting mothers. These explained the practical aspects of parenthood, the emotional and physical development and care of the baby, with demonstrations on feeding and bathing. The psychological aspects of adoption were also discussed. Names and addresses of prospective adopters were referred by the adoption section of the Children's Department and from the Sheffield and District Adoption Society, and a personal invitation was sent to each of them. This has now become an established and obviously very necessary service and the response has been good. Health visitors took part in 285 talks on 'Preparation for Parenthood' to antenatal mothers.

A very noticeable increase was made in the number of requests from head teachers for talks from health visitors on a variety of subjects in many of the secondary schools. Forty-five talks were given to adult organisations including a number of evening sessions. Senior health visitors gave seven lectures in connection with the National Association of Mental Health Diploma Course, and 25 lectures to the nursing schools in the City. Four broadcasts were made by health visitors on the local radio station on 'Geriatrics,' the 'Use and Abuse of Drugs' and on 'Childminding.' The Deputy Superintendent Health Visitor took part in a forum during Mental Health Week.

Venereal Disease.—The number of visits made by the specialist health visitor engaged in contact tracing was almost identical with last year's, and many requests were received for talks in schools and youth clubs on this subject.

The field of contact tracing and default visiting is difficult—persons involved are often misfits of society who will not conform and places of encounter such as pubs, clubs and oriental cafés, etc., present further difficulties. But the work affords opportunities for the health visitor to use her special skills and training which inevitably influence her approach to problems encountered.

Details of visits are as follows:—

	1966		1967		1968	
Number of persons referred for visiting						
Contacts	46	277	94	430	80	449
Others	231		336		369	
Number of contacts traced and attended clinic	27		59		63	
Number of others who responded and attended	121		212		193	
Number of effective visits	333		524		468	
Number of ineffective visits	262		584		609	

Visitors and Students in Training.—During the year, 314 students of various disciplines spent a session visiting with a health visitor and learning about the many facets of her work. A further 332 visitors including 218 senior school children made visits of observation to various child welfare centres, where a health visitor gave a talk about the work of the centre and the social services available to the public.

Maternity and Nursing Homes.—At the 31st December, 1968, there were 8 nursing homes on the register providing accommodation for thirteen maternity and 153 other cases. No new nursing home was registered during the year.

Nurseries and Child-Minders.—On November 1st, 1968 new legislation came into force and subsequently there followed a deluge of applications for registration as child-minders. One hundred and eight applications for registration were received but in no instance was documentation under the new procedure sufficiently complete to enable registration to be effected by the end of 1968.

Because of the shortage of facilities for the pre-school child, a very active section of the Pre-School Play Groups Association has developed in the City and supervision by the local authority is welcomed. A course of talks and discussions for persons involved in the day care of children, whether in play groups or private houses, was organised at the Kenwood Centre for Child Care and it is anticipated that further courses will be arranged having special regard to the child-minder responsible for full day care of a child or children. The Superintendent Health Visitor and her Deputy supervise all registered child-minders. The four local authority day nurseries and the day nursery for handicapped children are also under their supervision. During the year, 194 students including 165 senior school children attended sessions in the day nurseries.

Staff.—The year began with a staff of 53 full-time and 3 part-time health visitors. During 1968, 9 full-time members of the staff resigned, including 3 Jamaican health visitors who, after completion of their contract of service following training, returned home to their own country. Three full-time health visitors transferred to part-time and one part-time member retired. Four part-time health visitors were appointed and in addition, five newly-qualified health visitors joined the staff in September, on completion of their training at the Sheffield Polytechnic. The year ended with a staff of 48 full-time, and 9 part-time health visitors. In May, 1968, the establishment was increased to 64 including the Superintendent and her deputy and 5 group advisers.

In addition, 11 full-time and 4 part-time State Registered Nurses are employed as clinic nurses to assist the doctors in antenatal, postnatal, cervical cytology and family planning clinics. Most have attended a special course of training organised by the Family Planning Association, which enables them to assist the doctors by giving teaching instruction in the local authority family planning clinics.

In-Service Training.—Nineteen health visitors attended refresher or other courses involving a specialist subject in 1968. Three attended a Group Advisers Course and three the special course of training for Field Work Instructors. The Deputy Superintendent attended a two-part course in Administration. Ample opportunities were afforded to health visitors to preview many films shown at the Health Education centre.

Student Health Visitors.—Nine student health visitors sponsored by Sheffield are at present undergoing training at the Sheffield Polytechnic and hope to qualify in September, 1969. A second Health Visitor Tutor was appointed in 1968 which enabled the overall intake of students to be increased. Close contact is maintained with the staff of the training school.

HOME NURSING

By Miss M. McGonigle, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.,
Superintendent Home Nursing Service

"*To cure sometimes, to relieve often, to comfort always*"
15th Century folk saying

The Patient.—The current problems of overworked and understaffed hospitals are reflected in the case records of the Home Nursing Service. Surgical wards are increasingly referring patients who require attention to dressings, removal of sutures and clips. In this way the Home Nursing Service is able to make a contribution to a bigger turnover of patients, and help reduce the waiting lists for surgical operation. The introduction during the year of sterile dressing packs and equipment has facilitated this work and enabled the service to maintain the high professional standard called for in this sphere.

In every other field including the geriatric field, the accepted ideal seems to be to avoid long periods of hospitalisation. The district nurses are trained to rehabilitate the patients whenever possible, and to recruit help from family and friends of the patient, as well as call on colleagues in the health and social services.

An increasing number of elderly and handicapped people were referred for weekly baths; the bathing attendants were able to deal with some 420 per week but in December there were 920 patients on the register who needed a weekly bath and no other treatment. The fact that the qualified staff were bathing 500 patients every week revealed a waste of skilled manpower at a time when recruitment was difficult, so arrangements were made for eight additional bathing attendants to be appointed.

The largest number of patients referred continue to come from the general practitioner. Increasingly the actual nursing care of the patient is complicated by the social problems surrounding the case. By far the biggest problem to the nurse is the patient, elderly and alone, who has no able or willing helper to meet the daily needs in the home. In these cases the help from the Home Help and Warden Service and also the incontinent pad service has been invaluable. Unfortunately the needs increase at a quicker rate than the services are able to expand, so there are still gaps in home help services, which cause extra strain on the district nurses' working days, particularly on weekends and holidays. The waiting list for incontinence pads has been an impediment, and the chiropody and meals on wheels services are only in part matching the needs. The loans service is a great boon to district nursing; the staff appreciate the prompt attention and speedy delivery with which all requests are met, and the excellent condition and cleanliness of items supplied.

In spite of the unsatisfactory side of the work where the Home Nursing Service feels inadequate to meet the demands made upon it, there is an encouraging side to the work. Letters and words of appreciation come regularly from relatives who have been supported and helped by the Home Nursing Service alongside the other services which supplement and complement it.

Night Nursing Service.—Early in the year additional part-time night nurses were appointed to allow for two nurses to be on duty from 10 p.m. to 7 a.m. and the number of night attendants was increased from six to sixteen attendants per night. The extra auxiliary staff were selected from more than sixty applicants but the full establishment was not reached until the month of May. During the year an average of 53 families per month were helped by the Night Nursing Service; 7,184 visits were made by the night nurses and 4,223 sessions by the night attendants. Towards the end of the year the demand for the service increased quite rapidly and it was difficult to select the most needy patients. An effort was made to help a greater number of households, and during November and December 69 families were helped each month by the night service.

Almost all the patients who receive night nursing care are referred by the day staff and thus a careful check is made to ensure that the service is not abused; on the contrary it fulfils a very real need by caring for patients who live alone and are without family support for various reasons. In other instances faithful members of the family may be undergoing very great strain in caring for the patient day and night over a long period of time. In such a situation the use of the night service may well prevent the healthy members of the family breaking down and becoming an additional responsibility to the health services.

The night service is a difficult one to administer and throws considerable responsibility on those who arrange it. Catering as it does for a large turn-over of patients, many of whom are very ill, circumstances change rapidly and communication is often difficult. A telephone call from the night attendant around 10 p.m. may be the first indication that the patient has died or has been admitted to hospital—this can set up quite a chain of events and re-allocation of the night attendant to another patient may be difficult or impossible at this late hour. There are times when considerable difficulty arises due to absence of direct communication between the night nurse and the night attendant. In many areas of the City vandals are active in their destructive practices in the telephone kiosks and the night nursing staff have reported instances of travelling five to six miles around the City in the middle of the night in an effort to find a public telephone in working order so that they could get in touch with a doctor on behalf of an ill patient. Radio telephone communication would be a distinct advantage to the night service.

In August a night emergency welfare service became operative and it was possible to recruit from among the night attendant personnel one nursing auxiliary per night to be available for emergency duty between 5.45 p.m. and 9 a.m. A small retaining fee is paid for stand-by duty. This service is organised to meet the need of any emergency situation which arises outside the usual office hours; it normally caters for problems of a medico-social nature which develop through a patient being admitted to hospital unexpectedly, leaving dependent members of the household—for example children or an ailing, elderly relative, bereft of the care and support they need. A typical sequence of events is for the general practitioner to be called to the scene of the emergency, and he in turn contacts the social worker who is on duty from the Social Care department, whose telephone number is held by the bed bureau. The welfare worker then visits the emergency household to investigate the situation further and decide if the circumstances could best be met by getting in touch with the nursing auxiliary on stand-by duty. This is effected through ambulance control who holds a rota list of stand-by auxiliaries. Transport is arranged to convey the nursing auxiliary from her home to the emergency. When the auxiliary is called out she usually remains in the household until relieved by a home help at 8.45 a.m. Later in the morning the health visitor calls to assess the need for other services—e.g. the district nursing service. From the beginning of August to the end of the year a nursing auxiliary on stand-by duty was called out on six occasions.

The Staff.—The general trend over past years has been a growing demand for home nursing care, simultaneously there has been a gradual increase in recruitment of staff. Comparing 1968 with 1967 however there has been an increase of 702 patients admitted to the books for treatment and 9,402 more visits paid by the staff, but the number of replacements in the latter part of the year was curtailed as a result of the Authority's financial review, so that there was an increase of patients and a decrease of staff. Great credit is due to the staff who worked hard and did extra duties at times to keep the service running smoothly. Some voiced their concern about the loss of job satisfaction when they were compelled to reduce the number of visits to patients because of the sheer pressure of work.

The number of staff employed at 31st December was 88 full–time state registered and state enrolled nurses, 19 part–time state registered and state enrolled nurses and 13 part-time bathing attendants—this was 4 full-time and 2 part-time nurses less than at the end of 1967. Thirty-two staff resigned, twenty-two of these were state registered district trained nurses and were a great loss to the service in terms of district management and patient care.

In April, Mrs. A. D. Shipman, Relief Assistant Superintendent retired and in August Miss E. Dewhirst, Deputy Superintendent, retired; both had given many years of service to Sheffield. Miss M. Inge retired in December after thirty-one years of district nursing in Sheffield. Mrs. C. M. Spriggs, Assistant Superintendent Firth Park Centre, was promoted to Deputy Superintendent; Mrs. P. Hall was appointed Assistant Superintendent, Firth Park Centre, and Mrs. J. McGurk was made Relief Assistant Superintendent—both of these were recruited from the district nursing staff. Twenty-six other appointments were made, which included twelve state registered and thirteen state enrolled nurses and one bathing attendant.

Staff rotas were re-organised to allow for a five-day working week on an eighty-four hour fortnightly basis. At the same time the staff working on adjacent districts were grouped to allow them to arrange their own late evening duty rotas and relief for weekly off-duty and holidays. In the main this system has been appreciated, but difficulties have arisen during periods of prolonged sick leave and when there have been gaps between resignations and replacements of staff, and this unfortunately has been a frequent occurrence within some of the groups.

Training courses were smaller than usual. Fourteen state registered nurses trained for the National District Nursing Certificate and seven state enrolled nurses took the Queen's Institute Course of Instruction; all were successful in the examinations. The neighbouring authorities of Barnsley and Rotherham continued to send students to Sheffield lecture courses. Initial arrangements were made for Derbyshire in-service nursing staff from the northern part of the county to take practical and theoretical training for the National District Nursing Certificate in Sheffield commencing January, 1969. One Assistant Superintendent and six district nurses attended refresher courses of one week duration; these were held in Sheffield and Crawley, West Sussex.

An invitation to attend the Sisters' Study Day at the Jessop Hospital was appreciated and the Superintendent was invited to give a talk at the Northern General Hospital Sisters' Study Day in November. On some fifty occasions throughout the year members of staff talked to various youth and adult groups, including student nurses and newly qualified hospital staff nurses. As in previous years student and pupil nurses have spent a day on the district. 176 such visits were made in 1968. Two graduate student nurses spent a week in June observing the service and small groups of pupil midwives visited the Johnson Memorial Home at three-monthly intervals.

An Assistant Superintendent and three district nurses spent an interesting and useful afternoon in the Spinal Injuries Unit at Lodge Moor Hospital early in the year. Later Dr. K. H. Hardy, Consultant Physician and the Matron invited the staff to attend in pairs and spend a morning at the Unit and this has been arranged as often as possible. The purpose of these visits is to observe the routine bladder and bowel treatment given to the paraplegic patient so that this can be continued at home with the minimal interruption when the patient is discharged.

The district nurses who work in close co-operation with two general practitioner group practices by visiting the doctor's surgeries most days find greater satisfaction in their work through personal contact with the doctors and learn more about the patient's history and treatment. Other nurses call at the doctor's surgery as the need arises, but most contact is made direct through the administrative offices.

Equipment.—With the current emphasis in the use of disposable equipment the staff have welcomed the additional allocation of disposable catheters, min-swabs and dressing packs, the latter including disposable dressing forceps and gallipots. The use of these virtually rules out the need to boil up equipment in the patient's home and provides a safer and quicker dressing procedure, and yet sometimes the patient wants to talk and perhaps ten minutes listening time will help to make the nurse's visit more effective in terms of patient progress and recovery. It would appear, however, that the average length of time per visit by the nurse has been reduced because fewer nurses have made more visits during the past year and modern equipment will have been a contributing factor.

Transport.—Modern disposable equipment tends to be bulky and it becomes increasingly necessary for the majority of district nursing personnel to be transported by car. The districts are covered by day staff from 8.30 a.m. to 10.p.m. on a 7-day week basis. It was stated in a previous Report that the nurses' time is at a premium and, therefore, should not be wasted standing in bus queues or walking long distances in all weather conditions in this hilly City. Yet this is often the case when bus services are reduced in the late evenings, Sundays and Bank Holidays. Throughout 1968 several nurses have been using their own cars, at their own expense, for duty purposes and owing to pressure of work have been covering work lists as long as those of their colleagues who were receiving allowances.

Premises.—The three Home Nursing Centres at Firth Park, Manor Clinics and the Johnson Memorial Home continue to be used as the administration centres for home nursing requirements. Due to the economic situation it was found necessary to postpone until 1969 the proposed scheme to convert the Johnson Memorial Home premises into a day assessment centre for elderly people as well as provide administrative offices and training accommodation for the District Nursing Service and Home Help Service. In the meantime arrangements were agreed with the National Association for Mental Health to rent part of the Johnson Memorial Home to use for the Teacher Training Diploma Course from the beginning of the Autumn term and for the ensuing academic year. Twenty-seven day students, tutorial and secretarial staff are based in rooms on the ground and first floors. Six rooms on the second floor are now used by the Home Help Service in connection with training.

The following figures detail work carried out by the staff during the year:—

Number of cases on the register at 1st January, 1968	2,480
Number of new cases attended by the nurses during the year	6,003
Total number of cases attended by nurses during the year	8,483
Number of cases removed from the register during the year	5,920
Number of cases on the register at 31st December, 1968	2,563
Number of visits made by the nurses during the year	299,803

The 8,483 cases nursed during 1968 were referred by the following:—

General practitioners	5,290
Hospitals	2,270
Public Health Department staff	499
Other social agencies	45
Personal application	379
TOTAL	8,483

These may be classified as under:—

Medical	6,193
Surgical	2,039
Tuberculosis	116
Maternal complications	56
Others	79
TOTAL	8,483

VACCINATION AND IMMUNISATION

By J. J. McKessack, M.R.C.S., L.R.C.P.,
Assistant Medical Officer and School Medical Officer

"Crowd not your table: let your number be
Not more than seven, and never less than three"
William King

A revised immunisation schedule came into operation on the 1st October, 1968, the programme now recommended being as follows:—

Age	*Vaccine*
4 months	Triple (diphtheria/whooping cough/tetanus) poliomyelitis
6 months	Triple/poliomyelitis
12 months	Triple/poliomyelitis
15 months	Measles
16 months	Smallpox
5 years (or school entry)	Diphtheria/tetanus, poliomyelitis
4 weeks later	Smallpox re-vaccination
11 years...	B.C.G.
14-15 years	Tetanus/poliomyelitis
4 weeks later	Smallpox re-vaccination

The new immunisation programme begins at four months of age, compared with the former two months, and incorporates three new features:—measles vaccination, smallpox re-vaccination and triple immunisation at school entry if a child has not previously been immunised. Routine immunisation sessions are held at maternity and child welfare centres for pre-school children and at school clinics for children of school age. Members of staff visit secondary schools for tuberculin testing and B.C.G. vaccination. Measles vaccination is by live attenuated strains. In Ministry of Health Circular CMO 5/68 the Joint Committee recommended that vaccine be offered to all children up to and including the age of fifteen years who had neither been immunised nor had the natural disease. Live measles vaccine should not be given to children below the age of nine months since they are already naturally protected by the presence of maternally transmitted antibodies.

Anticipating an initial shortage of measles vaccine, the Ministry asked local health authorities to protect susceptible children between the age of 4 and 7 years with a 'crash' programme of vaccination during the months of May, June and July, 1968. In addition vaccination was to be offered to susceptible children attending nursery schools, day nurseries or living in residential establishments who were between the first and seventh birthdays. However, measles was widespread in Sheffield before vaccine became available and this resulted in fewer children being vaccinated against measles than expected and also disrupted arrangements for other immunising procedures.

Number of children vaccinated

Under 1 year	17
1—4 years...	2,458
5—14 years	3,082
Over 15 years	7
Total	5,564

Smallpox Vaccination.—Details are given in the appendix, page 120. The vaccination status of children on entering school with acceptances as indicated in the table on page 120 is only 42·6%, a figure well below that needed to preserve herd immunity. Adult protection rate is much lower than this figure and, in consequence, the need for ring vaccination of immediate contacts remains an essential if any suspect cases occur.

Re-Vaccination.—It is not considered desirable to give primary vaccination against smallpox either at school entry or later in school life, because of the greater risk of encephalitis. Re-vaccination, however, is now recommended at school entry and at age 14-15 years.

Yellow Fever.—Persons who intend to travel abroad are vaccinated against yellow fever by appointment at Orchard Place clinic. During the year 644 persons were so vaccinated compared with 494 in 1967.

Diphtheria, Whooping Cough and Tetanus.—The following table indicates the number of children under 15 years of age who received protective immunisation against diphtheria, whooping cough and tetanus.

Vaccine	*Number of Children*		
	1968	1967	1966
Diphtheria/whooping cough/tetanus	7,122	7,332	6,738
Diphtheria/whooping cough	—	—	—
Diphtheria/tetanus	352	497	544
Tetanus toxoid	210	1,625	206
Re-inforcing doses	3,146	3,305	3,104
Booster doses			
Diphtheria/tetanus	4,755	3,305	3,104
Diphtheria/whooping cough/tetanus	4,955	4,296	4,332
Diphtheria	37	26	35
Tetanus	903	1,850	1,350

A reduction in the 1968 figures for tetanus toxoid immunisation compared with those of 1967 may be accounted for by a concentration on the measles vaccination programme.

The contribution made in 1968 by the various branches of the health services is indicated with special reference to diphtheria.

	Primary	*Re-inforcing*
By general practitioners	2,540	3,461
At maternity and child welfare centres	4,614	2,416
At school health clinics	280	2,235
At hospitals	45	26
TOTALS	7,479	8,138

Poliomyelitis.—It is most noticeable that poliomyelitis vaccinations in the 5 to 14 years age group have fallen to approximately one third of the level returned in 1966 and 1967. This year the usual school campaign was interrupted by the introduction of the measles programme. Nevertheless the primary poliomyelitis course in the 0—4 group has maintained a steady level. Details of vaccination carried out are given in the appendix on page 120.

B.C.G.—Full details of B.C.G. vaccination are given in the section dealing with the prevention of tuberculosis (page 50).

AMBULANCE SERVICE

By F. C. Kelsey, F.I.A.O.,
Chief Ambulance Officer

"O for a horse with wings!"
William Shakespeare (Cymbeline)

The year has seen a further increase in the demands upon the service of approximately 7%. It is interesting to note that there has been a reduction of 608 patients in the emergency work, largely due to a decrease of 352 in the number of street accident casualties. The analysis also shows an increase of 78 in the number of poisoning cases.

Requests for transport to convey patients to out-patient clinics have continued to increase, particularly in respect of geriatric and psychiatric day hospitals and, in order to reduce the time consuming work of writing out transport orders for regular patients, arrangements have been made for these to be printed by a data processing machine. The system, which has been adopted by several of the hospital clinics, of informing ambulance control when out-patients have received their treatment and are ready to go home, has greatly assisted in the return journey being made with a minimum of delay.

The control room is the pivot of operations where each day diverse problems are met and dealt with. The efficient work carried out by the station officers and shift leaders on control duties, who by their skill in the deployment of vehicles and men and the pre-planning of out-patient journeys, makes it possible to convey between 850 and 900 patients each day.

Co-operation between the hospital administrative staffs and ambulance control has now been consolidated, and there is a spirit of goodwill which helps to clear away difficulties and makes for the smoother working of the service. In particular the introduction of an ambulance liaison officer at the Northern General Hospital has proved to be of mutual benefit.

Statistics.—The following tables show the continued upward trend in the number of cases carried and mileage travelled as compared with 1967 and at five yearly intervals since the inception of the National Health Service.

On whose behalf	*Year 1967*		*Year 1968*	
	Number of patients carried	*Mileage run*	*Number of patients carried*	*Mileage run*
Sheffield City Council	206,309	848,050	221,540	916,737
West Riding County Council	1,001	6,324	291	2,916
Derbyshire County Council	26	841	20	442
Other Authorities	46	1,046	32	1,257
Totals	207,382	856,261	221,883	921,352

Year	*Number of patients carried*	*Mileage run*
1949	98,649	481,282
1954	136,847	548,313
1959	159,574	613,056
1964	177,420	738,468
1968	221,883	921,352

Emergency Calls.—Ambulances conveyed 9,681 emergency casualties to hospital as a result of either accident or sudden illness, and 4,578 maternity cases booked for hospital confinement. A monthly analysis of these cases is given on page 121.

Long Distance Journeys.—The service conveyed 134 patients a total distance of 24,267 miles by road, and arrangements were made to convey 120 patients by train with a resultant saving to the ambulance service of 20,723 miles. Members of the British Red Cross Society again acted as escorts to patients who were unable to travel alone by train. In an effort to conserve manpower and vehicles many neighbouring ambulance services are making increased use of rail facilities to convey suitable patients who require treatment at Sheffield hospitals. Such cases are met at the Sheffield stations by ambulance, conveyed to the appropriate hospital and returned after treatment.

Domiciliary Midwifery Services—Night Rota Scheme:—1,984 requests were received for the services of a midwife between the hours of 7 p.m. and 8 a.m. and the appropriate midwife was informed, transport being provided on 1,086 occasions. 29 journeys were made to carry premature baby equipment.

Flying Squad Journeys.—Transport was provided on 73 occasions to convey a medical team and apparatus to a patient's home in order that expert medical attention and/or a blood transfusion could be provided before moving a patient.

Emergency Welfare Service.—In August, 1968, a scheme was brought into operation whereby a social worker could summon, at short notice, a nursing auxiliary to provide emergency care for old people or children in their own homes until more satisfactory provision could be made the following morning. Transport has been provided on six occasions.

London—Yorkshire Motorway M1.—The M1 motorway was extended northwards from Sheffield to Tankersley and was opened to the public in June, 1968. The Ambulance Service has agreed to provide cover as required over this additional section.

Nether Edge Hospital Developments.—A new maternity suite of 104 beds and a geriatric unit of 120 beds were brought into use in May, 1968. This hospital is playing an increasingly important role in the City and the maternity service at the hospital has expanded.

Training of Staff.—Efforts have been made to implement the recommendations made by the Working Party Report on ambulance training and equipment. 19 men qualified for the proficiency certificate issued by the West Riding Training School at Cleckheaton, and the effect of this is being felt in the improved efficiency within the service. All who attended the course have been very appreciative of the soundly based training arrangements and of the high standard of instruction. They have returned to the service with a high sense of responsibility and with the knowledge that they are capable of dealing adequately with casualties in any given situation.

Local training on a voluntary basis has continued during the year. Thanks are due to those members of the staff who planned the syllabus and who have given instruction in the care and handling of patients, driving technique, first aid, emergency child birth procedure, mouth to mouth resuscitation, and a knowledge of the working of the apparatus and equipment carried on ambulances. New recruits have been coached to qualify for their first aid certificate. The three station officers each attended a week's training course for supervisors and foremen. Inter-squad competitions were again organised amongst members of the service, firstly to provide a senior team to represent the service in the National Competition and secondly to find the best team of junior members. The opportunity was taken to introduce a driving test with a Police Driving School officer as adjudicator.

Safe Driving.—98 drivers were entered for the 1968 Safe Driving Competition and 62 qualified for awards as follows:—

Silver Bar (26 years)	2	Oak Leaf Bars (11-14 years) ...	3
25 year Brooch	2	10 year Medal	2
Special Bar (16—19 years)	2	Bar to 5 year Medal (6—9 years)	3
15 year Brooch	2	5 year Medal	3
		Diplomas (1—4 years)	43

33 drivers were withdrawn from the competition or failed to qualify. Successful drivers in the 1967 competition together with their wives were invited by the Health and Welfare Committee to a dinner and social evening. This was a very successful function and was much appreciated.

Vehicles.—During the year nine old vehicles were disposed of and fourteen new vehicles received.

At 31st December, 1968, the fleet was made up of the following vehicles:—

Ambulances (2 man)	12
Dual-purpose vehicles	29
Omnicoaches and sitting case cars	19
TOTAL	60

Maintenance.—The fleet has again been efficiently serviced and maintained by the staff of the Public Health Transport Repair Workshops.

Public Relations.—Many requests have been received for representatives of the service to give talks and demonstrations to day school classes, youth clubs, wives groups and senior citizen organisations, etc. A series of lectures and practical demonstrations have been arranged for the students of Totley Hall College of Education and the Kenwood Education Centre for Child Care. In conjunction with each management course organised by the United Sheffield Hospitals, a group of six hospital sisters has visited the ambulance station. The working of the service has been explained to them by a senior officer and a very useful discussion of mutual benefit has followed. The programming of ambulance requests and the functions of ambulance control have been explained. The various types of ambulances and equipment have been demonstrated and the visits have proved to be of great interest. As part of the training of police cadets, a session has been set aside for a talk and demonstration by members of the Ambulance Service, with special emphasis on liaison.

CARE AND AFTER-CARE

" '*It's a strange name enough,' Humpty Dumpty interrupted impatiently, 'What does it mean?*' "

Lewis Carroll (Alice Through the Looking Glass)

Under Section 28 of the National Health Service Act, provision has been made for a variety of care and after-care services in case of illness. Those relating to the tuberculous are referred to on page 50 and the after-care of mental illness on page 67. The service for the supply of incontinence pads, introduced in 1965, developed still further during the year and other services provided are chiropody, convalescence, 'meals on wheels' and the loan of nursing requisites.

CHIROPODY

The chiropody service has been operating since July, 1960. Treatment is restricted to the elderly, the physically handicapped and expectant mothers. When applications for chiropody are received a health visitor calls on the applicant, explains the scope of the scheme and makes an assessment of the degree of priority. Whenever possible anyone making an application at the centres in person is seen by the health visitor at the time.

The demand for the service has increased rapidly since its inception. Compared with the 1,947 patients receiving treatment at the end of 1961 (the first full year of the service) there were 4,980 patients at the end of 1967 and 5,712 patients at the end of 1968. During 1968, 1,707 applications were received, of which six were not recommended. At the end of the year there were 539 patients awaiting a first treatment at the clinics and 50 domiciliary patients awaiting their first treatment.

Two full-time chiropodists were appointed during the year, one part-time chiropodist resigned and one full-time chiropodist transferred to part-time. At 31st December the staff consisted of six full-time chiropodists and, in addition, six part-time chiropodists working a total of 20 sessions weekly. Sessions were arranged weekly as follows:—

	31*st Dec.* 1966	31*st Dec.* 1967	31*st Dec.* 1968
Orchard Place	11	12	12
Manor	7	7	7½
Firth Park	8	8	8
*Frecheville	*	3	2½
Greenhill	2	3	3
*Hackenthorpe	*	1	1
Hyde Park	1	2	2
Newfield Green	2	2	2
Southey	2	2	2
Walkley	1	1	1
*Wheata	*	1	1
Domiciliary	34	30	38
TOTALS	68	72	80

*Premises transferred to City following boundary extension April, 1967

The number of patients treated and treatments given during the year were as follows:—

Centre	*No. of Patients*	*First Treatments*	*Subsequent Treatments*	*Total*
Orchard Place	952	110	3,945	4,055
Manor	709	79	2,625	2,704
Firth Park	832	145	2,895	3,040
Frecheville	167	51	690	741
Greenhill	238	43	886	929
Hackenthorpe	67	8	308	316

Centre	*No. of Patients*	*First Treatments*	*Subsequent Treatments*	*Total*
Hyde Park	156	42	537	579
Newfield Green	158	16	628	644
Southey	176	31	641	672
Walkley...	97	12	319	331
Wheata	84	16	304	320
Domiciliary	2,076	420	3,796	4,216
TOTALS	5,712	973	17,574	18,547

These patients included 113 who were physically handicapped but not elderly, and two expectant mothers.

In April, 1963, the City Council took over the chiropody service provided by the Council of Social Service in their clubs for old people. Details of treatment given by this means during the year were as follows:—

Number of sessions	167
Number of patients	276
Number of treatments	1,130

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Authority. Depots are established at the Orchard Place, Firth Park and Manor maternity and child welfare centres, at Johnson Memorial Nurses' Home and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield and District Convalescent and Hospital Services Council (89/91, Division Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (53, Clarkegrove Road).

Articles are loaned free of charge. There is no limitation on the period for which articles may be loaned but the application must be renewed at three-monthly intervals. The number of items loaned from the City Council's depots was 7,411 during 1968 compared with 7,288 in 1967.

These, together with those loaned by the voluntary agencies, may be classified as follows:—

Nursing requisites	*Loaned by the City Council*		*Loaned by voluntary organisations**	
	1967	1968	1967	1968
Bed pans, rubber sheets and other articles required by patients confined to bed	4,602	4,617	829	730
Commodes	972	1,109	—	—
Dunlopillo mattresses	382	393	—	—
Invalid chairs	504	461	69	121
Walking aids	828	831	757	796
TOTALS	7,288	7,411	1,655	1,647

*Figures supplied by Sheffield and District Convalescent and Hospital Services Council

126 fireguards were loaned, including 26 for children.

In addition to bedsteads and bedding loaned to assist in the segregation of tuberculous patients (see page 50), bedsteads, with or without self-lifting attachments, and mattresses are loaned to other patients to allow earlier discharge from hospital or to facilitate home nursing care.

Incontinence Pads.—A service for the supply of incontinence pads commenced in May, 1965. When making arrangements for this service it was realised that, with a considerable part of the City in smoke control areas and the absence of open fires or stoves in a large number of homes, it would often not be possible for the soiled pads to be burned on the premises. It was decided that there should be a delivery and collection service. Water-proofed paper bags were supplied for the soiled pads and these were taken to the Cleansing Department's destructor for disposal. Information about the service was circulated to all general practitioners and the department's nursing services. When the recommendations came from home nurses or health visitors they were asked to indicate the number of pads that would be required daily and, when a recommendation came from other sources, it was arranged that a health visitor would visit and assess the need. Since January 1966, alternate-day delivery has been in operation over the whole City.

During the year the number of patients on the delivery list rose from 234 to 297 and the total number of patients who had benefited from the service was 907 compared with 777 in 1967. The average number of pads issued daily was three per patient and the total number of pads issued during the year was approximately 230,000. In February an extra afternoon round was instituted and at the end of the year one vehicle was in full-time use daily, except Sundays, the Saturday round being split into two parts for morning delivery. Two vehicles were in use for three afternoons and three vehicles were in use for the other three afternoons.

In August, 1966 the incontinent pad service was extended to provide protective panties and interliners to certain categories of patients, e.g. those suffering from paraplegia or disseminated sclerosis who, although ambulant, require protective clothing.

CONVALESCENCE FACILITIES

The arrangements provide facilities for persons who have been ill, but whose active period of treatment is over, and for those who suffer from chronic ailments. A weekly charge scale is laid down, the amount payable being assessed according to family income. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the medical officer of the convalescent home.

During the year there were 174 admissions (37 males, 137 females), including 13 married couples compared with 204 admissions (56 males, 148 females) in 1967. These can be classified in three main groups—3 in regular employment and below retirement age, 35 with chronic complaints and below retirement age and 136 who were above retirement age. 59 patients had been for convalescence on one or more occasions previously by arrangement with the department, and in 13 cases the assessed fees were reduced where there was evidence of financial difficulties.

The majority of applications were received during the summer months but, as the number of applicants was less than in previous years, the waiting period for admission was not so long. The convalescent homes used were the same as in previous years.

MEALS ON WHEELS

A comprehensive service of 'meals on wheels' was inaugurated in April, 1959, after a pilot scheme had been in operation for some time. The Sheffield Council of Social Service undertake the cooking and distribution of the meals, whilst the local authority finance the scheme and provide the transport. The number of vehicles provided by the local authority was ten.

During 1968 the number of persons receiving meals rose slightly from 1,306 to 1,345. Two meals were provided for each person per week and a total of 121,021 meals was served. At the beginning of September the price was increased from 1/3 to 1/9 per meal.

The service is particularly beneficial to elderly people from geriatric units and others who are wholly or partially housebound on account of frailty or infirmity. Special diets are provided where necessary.

TUBERCULOSIS CONTROL

By J. J. McKessack, M.R.C.S., L.R.C.P.,
Assistant Medical Officer and School Medical Officer

"Too late I grasp my shield when wounded"
Ovid (Trista)

Notified cases of pulmonary tuberculosis in 1968 were 161 compared with 133 in 1967; non-pulmonary cases were 30 compared with 28 in 1967.

The following table illustrates the numbers of new notifications, the incidence per 100,000 of population, and the total number of deaths:—

Notifications and Deaths

Year	*Pulmonary*	*Incidence per 100,000*	*Other Forms*	*All Forms*	*Deaths*
1962	258	52	38	296	61
1965	174	36	30	204	23
1966	172	35	24	196	35
1967	133	25	28	161	13
1968	159	30	30	189	18

Of the 18 deaths, one was between 35 and 44, ten between 45 and 64 and seven were over 65 years of age. The age and sex distribution of the new cases of tuberculosis are given in the appendix on page 122.

Immigrants.—28 immigrants 16 (57%) of whom came from Pakistan were notified as suffering from tuberculosis in 1968. It was noted that 18 (31%) of the 58 cases of pulmonary tuberculosis in the age group 25 to 44 were in immigrants. Details of these, by country of origin, are shown in the appendix on page 122. Port Health and Airport Authorities notified particulars of 379 immigrants travelling to Sheffield.

Transfers In.—A total of seven cases previously notified in other areas came within the City boundary during the year. There was one immigrant transfer (Pakistani).

Liaison Meetings.—Since its inauguration in 1958, quarterly meetings of the Liaison Committee, under the chairmanship of the Deputy Medical Officer of Health have been held with a consultant physician at the Chest Clinic, a consultant paediatrician at the Children's Hospital, the Medical Director of the Mass Radiography Centre, and other medical and nursing officers of the health department. These meetings bring together those interested in, and concerned with, the prevention and control of tuberculosis. This close liaison is most appreciated and ensures smooth co-operation between the various services.

Chronic Positive Register.—Dr. R. H. Townshend, Consultant Chest Physician, writes:—

"Chronic active cases of pulmonary tuberculosis as at 31/12/68—Sheffield cases 26.

Comparative figures:—

1964	1965	1966	1967	1968
56	48	39	31	26

Two new cases were added to the list during 1968, two cases converted to sputum negative during the year and five chronic positive cases died."

Contact Tracing.—Examinations and/or X-ray of contacts were carried out at the following centres:—

Chest Clinic, Royal Infirmary	479
Children's Hospital	4
Mass Radiography Centre	131
Other hospitals	1
TOTALS	615

The results of these 615 cases are:—

No abnormality found	602
New cases notified	3
Recalled for further investigation	10

Rehousing.—During the year nine positive sputum cases of tuberculosis were recommended for re-housing. As on 31st December, 1968, there were 316 such families living in Corporation houses, having been granted priority rehousing on medical grounds. A number of cases have now recovered but have been permitted to continue their tenancies.

Provision of Equipment.—Patients suffering from infectious tuberculosis and treated at home, are loaned such items of equipment as mattresses, sheets, blankets and pillows.

Care and After-Care.—After treatment many patients are unable to return to their previous employment. Some are referred to the local authority centre at Psalter Lane, others are placed at the Remploy factory in Sheffield, while others are found employment through the Disablement Resettlement Officer of the Department of Employment and Productivity.

B.C.G. Vaccination in Schools.—During the year the B.C.G. team visited 73 schools to tuberculin test and vaccinate eleven year old children. Three colleges for full-time students were also included in the programme. The results are as follows:—

	1968	1967
Number of children tuberculin tested	5,616	4,396
Positive reactors (previous B.C.G.)	507	362
Positive reactors (no previous B.C.G.)	505	272
Positive reactor rate (no previous B.C.G.)	8·9%	6·2%
Negative reactors	4,605	3,762
Number vaccinated	4,592	3,759

The average positive reactor rate for 1967 and 1968 is 7·5% which is slightly higher than the 1966 and 1967 rate of 5·9%.

The British Tuberculosis Association study, which began in 1965 and was intended to cover a five year period, was terminated in November, 1968 owing to difficulties experienced by one authority in tracing school leavers. The study, in which three authorities took part, was designed to compare the efficiency of B.C.G. vaccination by multiple puncture with the standard intradermal method. Further details are given in the Annual Report of the Principal School Medical Officer for 1968, page 14.

Pre-School Contacts.—B.C.G. vaccination, examination and assessments are carried out on pre-school children contacts by Dr. Lorber, Consultant Paediatrician in the Children's Hospital and the Jessop Hospital for Women.

X-ray of School Children.—These included strongly positive reactors, Heaf grade 3 and 4, previously given B.C.G.

Number of possible X-rays	539
Number who attended	469
Attendance rate	87%

The results of the X-rays were as follows:—

Number of X-rays	469
Normal chest	461
Non-active tuberculosis	1
Hilar Shadows	2 (cleared after treatment)

Contact Investigation.—The contacts of all positive reactors continue to be investigated by health visitors in order to identify, if possible, the source of the infection, offer protection to susceptibles, with help and advice to the family. Analysis of the 313 completed follow-up forms show the total number of persons involved was 2,169; of these 1,643 were in the immediate family group and 562 were relatives living elsewhere. Chest films were carried out on 922 positive reactor contacts. In children of the immediate household, 79 were given B.C.G. protection and 162 had already received this. Thirteen families were under chest clinic supervision and five of these were immigrants. Five families refused X-ray but allowed their children to participate, and two immigrant families out of a total of 17 refused health visitor entry.

In the 313 families there was a traceable history of tuberculosis, 23 in the immediate family, 28 in uncles, aunts or cousins, 47 in the great relatives; 14 histories mentioned tuberculosis contacts in neighbours or visiting friends.

Immigrants.—Eighty-four persons attended the Chest Clinic, Royal Infirmary. Sixty-nine were children and, of these, thirty-six were Mantoux positive and thirty-three had negative skin reactions. Thirty-one of the latter were given B.C.G. protection. All the children had clear chest films. Fourteen of the adults had clear chest X-rays and one was notified.

Two Special Investigations

1. A Sheffield consultant notified the Public Health Department that he had found at operation, abdominal tuberculosis in a sixty-six year old woman, who was a nursing sister in a religious order and employed in a local home for aged persons. An investigation was initiated on the 13th February, 1968 and revealed the following:—

The Home.—The standard of hygiene was excellent. The staff was composed of fifteen nursing sisters, six daily helpers, four night orderlies and eleven voluntary workers. The latter were aged between twelve and seventeen years and all were females. There were 102 patients, 54 females and 48 males. The ages ranged from sixty to ninety-five. Chest X-rays were carried out on ninety ambulant patients at the Mass Radiography Centre and twelve of these were recalled for larger films. Twelve patients were too frail or ill to move and could not be fully investigated.

Staff.—The notified case was under active treatment. Four nursing sisters had a past history of tuberculosis and were under surveillance. The ten other sisters, and all the day and night orderlies had normal chest films. All the young voluntary workers had had B.C.G. except one who had a positive Heaf reaction, and all their chest films were normal.

Patients.—Three males were admitted to Winter Street Hospital for treatment of tuberculosis. Sputum from nine of the non-ambulant patients were negative.

The investigation which ended in April, 1968, brought to light once again the need for protection of children by B.C.G. vaccination, especially when they are in contact with the elderly who may be harbouring active tuberculosis.

2. A twenty-three year old Kenyan born pupil midwife employed at a local hospital was herself admitted to hospital on the 9th July, 1968 and was notified on 15th July to be suffering from pulmonary tuberculosis. She was first employed at the hospital on the 4th March, 1968 after arriving from Kenya on the 26th February, 1968. Between these dates she was resident in London.

On the 16th July a letter was sent to all mothers whose babies had been born between the dates 4th March and 14th July at the hospital where she had been employed, so that Heaf testing could be carried out. Although almost all the babies were Heaf tested, the greatest risk involved 263 babies who had been on the two particular wards where the nurse in question carried out her duties. Babies under eight weeks were skin tested twice; those over eight weeks had one skin test. All babies who had been given B.C.G. were re-tested for evidence of accelerated re-action. In order to ensure as many babies were traced and Heaf tested as possible, the services of consultant hospital staff, other local authority health departments, general practitioners and our own health visitor staff were enlisted.

The failure of a small proportion of the patients to keep appointments was a cause of concern for T.B. control staff, but at the conclusion of the investigation, which involved the Heaf testing of over 1,000 children, there was no evidence of tuberculous infection in any of the babies tested. Of 23 babies who died during the investigation, no death was attributed to tuberculosis.

THE SOCIAL PROBLEM GROUP

By Catherine H. Wright, M.B., Ch.B., D.P.H.,
Senior Assistant Medical Officer, Maternity and Child Welfare

"It is no doubt an immense advantage to have done nothing but one should not abuse it"

Comte de Rivarol

The small unit at Manor Clinic continues to receive many requests for help for families in serious difficulties and as far as the capacities of two family case workers will stretch these are accepted. The ever present twin frustrations of work with problem families remain, viz. the volume of work waiting to be done for families which are likely to be able to respond to help and support, and a sense of helplessness in the face of family situations compounded of dull inadequate parents and children beyond their control whose social handicap becomes cumulatively heavier.

The social workers made 1,594 home visits, including 80 evening visits. Parents made 402 visits to the clinic to discuss their troubles in privacy. 99 deliveries of furniture were made to families, some of these to elderly people at the request of health visitors.

The children's clubs on Monday and Tuesday evenings continue to be extremely popular with the children. In addition to two youth hostel week-ends at Edale there have been Sunday walks for selected groups of older children.

Twelve new cases were opened during the year to add to the existing case loads of the two social workers.

The following are examples:—

Case 1

This is a very young couple with two children, living apart because of repeated quarrels. The father would not work and was a petty criminal. He was irresponsible with money and showed very little interest in his children. The mother in poor health because three pregnancies came in quick succession (the last terminated by illegal abortion) was as immature as her husband, but more stable when parted from him. Because a third child was almost due and she had few friends, it was felt she needed support.

Case 2

A young couple with three children. The health visitor asked for help because the mother was exhausted after having the third baby and by the weight of the family's financial problems. The father had for some years worked spasmodically and spent a large part of the money coming into the house on betting. His wife covered up his irresponsibility, but the crisis came when he forged the rent book and broke into the gas meter.

Case 3

Father, mother and four children under the age of six. The father worked irregularly and, when he had a job, seldom worked a full week. The money coming into the home was often gambled without giving any thought for the family's need for food. The mother described her husband as a compulsive gambler and was becoming increasingly disheartened. Help was sought to try to get the parents to work together before the marriage broke beyond repair.

In these three families the head of the household is failing to measure up to what the community and his wife expect of him, namely that he will earn the family livelihood by steady work. This kind of inadequacy in a husband casts a gloom over a household because there is never enough money for family needs, and debts cause anxiety and insecurity. Inevitably the wife becomes ashamed, bitter, disillusioned and loses all respect for her husband. As likely as not the marriage was hastily contracted, the wife is no help-mate and no more inclined to rise early to get her husband off to work than he is to go. It is very difficult to change a young husband whose level of maturity is that of an adolescent youth, into a responsible breadwinner. There are few strengths in such families—no strong drives—and because of lack of skills no goals which seem achievable. Nevertheless, because the parents are young there is the prospect that time and support will help them to mature.

The following two referrals in contrast carry few grains of hope:—

Case 4

Father left home several years ago and is co-habiting elsewhere. Mother was left with seven children to bring up. She is dull mentally, has no domestic standards, consequently the home is always filthy. One boy is in an institution for the subnormal and another is in a residential school. The other children are of school age and beginning to show repeated delinquency. Also in the household is a married daughter with three young children. She had been given much pevious support by another agency, but was difficult to help because of her untruthfulness.

Case 5

Father, mother and eight children. This family was referred by the school nurse because the children's school attendance was very poor, and the home very dirty. The father had a poor work record and the mother was quite unable to manage her family. One child was at a residential school and another in the care of the Children's Department.

These are families settled in a pattern of living very difficult to change. Some of the children have had to be removed from home; the rest are unlikely to withstand the adverse pressures within the family and will have their difficulties in due course. To be powerless to do anything puts a strain on the family case worker who is always conscious of the gap between the availability of special services which might help and the extent of the need.

The follow up of families originally surveyed in 1954 is nearing completion and some trends are already obvious. Of the 800 second generation children there are now 230 married sons and daughters. The majority of these are fairly young or very young couples who have not yet got many children and on whom the maximum stresses of family life have not yet fallen. Because of this conclusions must be guarded, although several could already be called problem families.

When visited one in four of the married sons were not working compared with one in eight of the daughters' husbands. More married sons than married daughters are living with relations or in rooms, not having achieved a home of their own. Twice as many married daughters as married sons are living in owner occupied houses. More of the sons' marriages have broken than those of the daughters. Considering household standards, rather more of the sons' homes are poor and dirty than daughters'—here the reverse might have been expected. The overall picture suggests that marriage has brought some advantage to the daughters who presumably followed the normal pattern of choice and found a partner above them in the social scale. The sons in choosing a partner to whom they feel superior have tended to marry someone on a par or less able than their own sisters. So it seems that the outlook is brighter for the daughters than the sons, and that it may be more hazardous for a child to be born into the nest of a problem family son than that of a problem family daughter and her husband.

Because health visitors are potentially the first to detect families in difficulties and thus see early evidence of poor child care the emphasis of efforts to help tends towards mothers and children. Nothing so compels action as a neglected child and, quite naturally, mothers have been seen as the person on whom child care rests.

In whatever respect the family seems to be failing the children's welfare is ultimately affected and it remains much easier to attempt to influence the family through the mother because she is physically more accessible and usually more approachable. Where one of the important factors affecting the family's plight is bitter disharmony between husband and wife great skill is required to maintain the goodwill of both at the same time. One way and another father is less easy to influence than mother.

However nothing about work with problem families is easy and we must think up some new ways of making good fathers out of husbands and sons.

HOME HELP AND HOME WARDEN SERVICE

By Miss D. J. PARKER, Superintendent Organiser

"I have learned to seek my happiness by limiting my desires, rather than in attempting to satisfy them"

John Stuart Mill

Little progress has been made towards the expansion of this service during the last year due to the economic situation. All patients in urgent need of assistance have received help but inevitably the preventive service has suffered. At the beginning of January, 1968, 3,822 patients were receiving home help. During the year 3,162 applications were made and by the end of the year 5,964 patients had been assisted. Although it is not general policy to keep a waiting list as this can raise false hopes amongst the patients, there were 386 patients really needing help at the end of the year. However, it has been possible during this year to review the administrative structure of the organisation and effect considerable improvement.

Organisation.—Five area organisers have been appointed in five area offices and provided with the assistance of district organisers and sufficient clerical help. Three trainee organisers have been engaged and are following a suitable training course to prepare them to fill future vacancies arising in the establishment. In the past, there have been difficulties in finding experienced organisers for the service, and the availability of trained staff will be a tremendous help in the future. Continued efforts have been made to make each area office a focal point so that home helps and home wardens have the opportunity to make friends, discuss mutual problems, see their organisers and be fully aware of new trends and developments. Displays and competitions are arranged to stimulate interest and invite co-operation. This is essential to retain morale amongst the helps, otherwise they will certainly become isolated workers and will lose interest and enthusiasm. This in turn causes increases in absenteeism and resignations.

An opportunity has been given to all the helps to be paid by cheque but only a very small minority have taken advantage of this. The majority have said that they much prefer to attend their own centre each week, to see their colleagues and to discuss the help required for patients with their organiser. Their attendance makes for a much more efficient allocation of help to meet the constantly changing circumstances of the patients.

Allocation of Help.—As it has not been possible to increase the number of helps, there has been a much greater problem in balancing the supply and demand as new patients have continued to need help. Many patients have had the amount of help reduced in order to accommodate new urgent applications and a waiting list for help has accrued. In spite of the grumbles over the reduced help, there have been many letters of appreciation for the work of helps and their kindness during and after working hours.

There has been a marked decrease in requests for help at home confinements, particularly for full-time help. Many mothers having had 48 hours in hospital are managing when they come home with occasional help from relatives and friends. The number of maternity cases served has continued to decrease during the last four years:—

	1965	1966	1967	1968
Full-time	173	164	118	66
Part-time	259	172	160	154
TOTAL ...	432	336	278	220

Requests for assistance for short term illnesses have decreased generally but there have also been more requests from people involved in road accidents.

Close liaison is maintained with the Home Nursing Service and, as a result of listening to their problems, it has been possible to help with many jobs that are not strictly nursing duties. However, in some instances, it has been found that nurses have been withdrawn completely in cases where it would seem that regular care from the nurse is advisable. It is a point that needs careful attention if the home helps and wardens are not left to accept more responsibility than that for which they are qualified. Close liaison between these services is vital and the good sense of both will ensure development to maximum advantage to the patient.

Laundry Service.—During the year 28 housebound and incontinent patients used the service, and 6,717 articles were laundered.

Accommodation.—More new housing estates are nearing completion but the usual pattern of shops not being built at the same time, is again evident. In some instances old people have been rehoused nearer to their families so that there has not been an exceptional call on this service.

The smoke control programme has not resulted in a reduction of the work load to any great extent. Where fireplaces had been removed it was anticipated there would be less demand on the service as the patients, who mainly have gas fires, would be more independent and would not be asking for help to make fires, but it was discovered that a patient who is frail or crippled still requires a daily call to prepare meals or do shopping.

Immigrant Families.—There have been 28 requests for assistance from immigrant families chiefly from West Indian and Arab families. Most of the requests were for help following a home or hospital confinement, or for the illness of a mother or to care for her children. Language difficulties are the main problem and therefore visits take much longer and are needed more frequently. In many of these families only the husband can speak English, and very often he is loth to make any payment for the service expecting it to be free. In some cases the facilities for the home help are very poor. In one instance the husband would not agree to the home help taking the laundry to the local launderette or to the renting of a washing machine because he said that his wife would want to carry on with this after the home help was finished and he did not want her to absorb Western ideas. This man had an income of nearly £2,000 a year. There was no hot water system in the house, only one large bowl and the wife cleaned the floors with sand and a large brush. Many of the families withdraw their request for help when they discover a charge will be made on income, and unheard of relatives and friends suddenly materialise.

Charges.—The revision of charges has increased the maximum fee to 7s. 0d. per hour and the individual charges in the assessment scale have risen proportionately. Patients receiving Social Security benefit automatically receive a free service. In all charges were increased to 256 patients.

Home Helps.—It is possible to be much more selective and following the interviewing of 391 home helps, 189 have been engaged. There are fewer applicants each year for full–time employment, and full–time helps have decreased proportionately during the last few years:—

	1965	1966	1967	1968
Full-time at 31st Dec. ...	81	81	87	77
Part-time at 31st Dec. ...	391	449	575	550

205 home helps have attended a training course. Greater emphasis is being placed on open discussion, and the permissive atmosphere often reveals surprising ignorance on the part of home helps who have long domestic experience with their own families. Knowledge is often lying dormant, and guidance and encouragement are necessary to bring this to the fore to meet everyday problems. It is heartening when requests for more training are being received from the helps themselves once their interest is really roused to see what they can do.

Visits have been made to the training centre by Dr. Giovanni Barro from the World Health Organisation, Miss Rhodes, Northern Liaison Officer of the National Old People's Welfare Council and the Rt. Hon. Richard Crossman, O.B.E., then Lord President of the Council.

Forty-two nursing, midwifery and health visiting students have also attended for short lectures. A coloured filmstrip has been made to illustrate all aspects of the Home Help Service and it is immensely useful to show home helps, student nurses and members of voluntary organisations, church groups and the general public the full scope of the service.

During July and August there were 37 resignations from home helps, the main reason being care of their children during the long school holidays. If there could be a centre in each area where helps could take their children and pay a nominal fee and know that they were safe, there would be a good response from mothers wishing to help sick and old people while adding to their own income. If there is to be expansion of the service in future years, this problem will need earnest consideration.

Eleven students from the University and Technical College were employed during the summer holiday period. They all proved to be good workers and very interested in their patients, and their assistance at this difficult period in the year is very valuable.

Home Wardens.—Three additional home wardens have been appointed this year making a total of 36. Their services are in increasing demand and the service has become firmly established by the quite extraordinary amount of work done by the home wardens apart from their regular duties.

The highlight of the year was undoubtedly the selection of a home help as one of the three English representatives to attend the International Conference in Norway, and great interest was shown in the competition organised to choose the home help. Mrs. Carnie gave a good account of the Sheffield service in her talk to the various delegates at the conference and she was also interviewed on Radio Sheffield. All the patients, home helps and wardens were very thrilled and anxious to hear about her travels and see her photographs and souvenirs. This visit was made possible by the generosity of a former patient who bequeathed a sum of money to the service in gratitude for the help he had received. Such an opportunity for a home help is a tremendous aid to morale and recruitment for the service.

Sickness.—There has been an increase in absenteeism due to sickness and over 9,000 days have been lost. Administration becomes a major problem with a high rate of sickness. Whilst there are many home helps who have had no time off at all during the year, there are noticeable ones who regularly take odd days. Generally speaking the home helps who have the odd days off work are the same ones who take long absences for colds or common ailments.

The sickness record of home wardens is extremely good, which again emphasises the conclusions that have been reached in the past that the conscientious worker who takes the responsibility of the job seriously does not take time off unless this is really necessary. The only real way to decrease sickness absence is to convince the home help that her attendance is necessary to her patients and to give her sufficient interest in her work to make her want to attend regularly. Therefore, it is essential to pursue an enlightened staff policy in regard to the helps and hold their interest and maintain enthusiasm.

Liaison.—As always close liaison is maintained with all other statutory and voluntary services and in most cases is effective. However, there still seems to be extreme difficulty in convincing the medical social workers that it is essential for the discharge of patients to be notified promptly to the Home Help Organiser. The number of patients who are discharged from hospital at the weekend who are either living alone or have no known relatives is amazing. It is horrifying sometimes to see the conditions to which some old people are discharged. In many cases the organisers receive the brunt of the complaints by patients who have understood that home help has been arranged before leaving hospital only to find nothing materialises when they reach home because no one has contacted the Home Help Organiser.

Voluntary agencies continue to assist but are more useful in doing a particular job once. They do much to relieve and make life more bearable with little personal kindnesses. But a request to do a special job regularly, which could perhaps relieve the service, is not often met.

Statistical information regarding the service is given on pages 123 and 124

HEALTH EDUCATION

By F. St. D. Rowntree F.R.S.H., M.R.I.PH., M.I.P.R., M.I.H.E.,
Health Education Organiser

"We must earn new praise or we shall no longer deserve the old"
Plautus Publius

Health education once regarded by many traditionalists in the health service as a time consuming and somewhat unnecessary activity is now recognised in its right as a branch of public health and preventive medicine, and one to which all professions contribute ability and skill and from which all are assisted in the furtherance of their work. No longer seen as a system for the half-hearted distribution of leaflets or the apathetic and aloof offering of occasional advice, vigorously conducted and properly co-ordinated health education is now more essential than ever to the development of the partnership between public and professional workers whose aim is the promotion of health and the prevention of illness. Nationally a seal has been set on the pattern of the future work by the formal establishment, along the lines recommended in the Cohen report on Health Education published in 1964, of the Health Education Council. This now brings Britain in line with most other developed countries. The new Council has yet to be given an opportunity to prove itself but hopes for the future are high. In Sheffield the Health Education Service continued to strengthen and develop the work of earlier years and at the same time was able to look ahead for other tasks to come.

WORK OF THE HEALTH EDUCATION CENTRE

The health education centre is not only the administrative centre of the service but now in addition conducts a full-time programme in its own right including preparation for parenthood classes, in-service training and general health education meetings for community groups and schools. During the year some 400 meetings were arranged at the centre for talks and lectures, discussions, film screenings and training of staff. Individual members of the public, students, young people and teachers and other professional workers visited the centre seeking information, background notes and loans of visual aids and teaching or display materials. The number of requests by individuals in need of some form of counselling or advice increased. In some cases problems were solved on the spot by the provision of factual information; where lengthy individual case work or treatment appeared necessary referral to the appropriate agencies was arranged. Special activities during the year included:—

In Service Training.—Meetings and courses for doctors, nurses, midwives, public health inspectors, hospital administrators, social workers, police, clergy and others concerned with the health and well-being of the community were arranged on both professional matters and health education methods and techniques.

Health Information Service.—There was a continuous flow of individual requests for information on health matters from professional workers, students and the general public; also from press and radio feature writers who, by their expert presentation of the information, contributed considerably to the health education of the public.

Health Education and Information Bulletin.—Publication of the monthly Health Education and Information Bulletin continued, and there were special issues on 'World Health Day,' 'Mental Health Week' and 'Proposals for Future Health and Welfare Services.' The practice of making available reprints and collections of articles for individual study continued and again many thousands were provided for the use of students and teachers.

Production of Audio-Visual Aids.—Additions were made to the stocks of audio-visual aids held at the centre. New teaching and display and exhibition materials were also produced in the workshops and studios of the centre on such subjects as environmental health and the work of the public health inspector, cervical cytology, preparation for parenthood, and nutrition education.

THE HEALTH EDUCATION PROGRAMME

The programme is constantly kept under review to ensure that the varied health needs and interests of the public are met. Special attention is paid to the following:—

Environmental Health.—Throughout the year staff of the public health inspectorate provided individual education and advice during routine visits to homes, factories and offices. Inspectors also took an active part in the group teaching programme for schools and community groups. The work of the public health inspector was taken as the theme of the 1968 Sheffield Show with a view to widening the understanding of this aspect of the work of the department.

Personal and Family Health.—The staff of the personal health services provided health teaching to individual families during routine visits to homes and in their contact with members of the general public. Many officers from this service also actively contributed to the group teaching programme.

Preparation for Parenthood.—The staff of the Maternity and Child Welfare Service provided teaching during antenatal and postnatal classes held at daytime clinics throughout the City and during day and evening sessions at the centre. Classes to which fathers and other interested members of the family were invited took place in the evenings.

Following a series of successful experimental preparation for parenthood classes held at the health education centre during 1966 at which an evaluation of the psychoprophylactic method took place, training courses were arranged in late 1967, for midwives and health visitors on the techniques involved. As a result of this training it was possible to extend this type of class to other centres and by 1968 sufficient experience had been gained and adequately trained staff were available to enable a change over to a modified form of psycho-prophylaxis in some centres. This approach is now in use in six centres where antenatal classes are conducted under the auspices of the Public Health Department.

Health Education of Young People.—Special attention was given to the health education needs of young people through meetings and courses arranged in schools, at work and during leisure activities. Close liaison was maintained with teachers, employers and youth leaders, who were offered assistance and advice or loans of health teaching materials in addition to the services of specialist staff who undertook lectures and acted as discussion leaders. The school nursing sisters are now playing an increasingly active part in group health teaching; considerable liaison has developed with them in the planning and execution of this aspect of their work.

The special short courses or conferences on modern health hazards were again popular and gave an opportunity for the young people attending to obtain up–to–date information designed to enable them to make informed decisions on such important health matters as sexual behaviour and promiscuity, smoking, drinking and drug taking. These issues were freely discussed in a full and informal way at the end of each formal fact giving session.

MAJOR CAMPAIGNS

During 1966/1967 Mental Health Weeks were arranged throughout the country in preparation for a final special campaign in 1968 to coincide with an International Mental Health Congress in London. Although an extensive mental health education programme has been actively pursued in Sheffield since 1960, full support was given to the national scheme and a wide range of activities was organised. With a view to obtaining the support of schools and community groups a meeting of head teachers, chairmen and secretaries took place early in the year at the City Hall. All organisations were offered facilities for visits, lectures, film shows, etc. It was stressed that these were available not only during the formal mental health week from 19th to 25th May but throughout the year. On Sunday, 19th May a service, at which the Right Reverend the Lord Bishop of Sheffield preached, was held at the Sheffield Cathedral and attended by

more than 1,500 people all of whom were actively interested or engaged in mental health work. Mental Health Week was formally inaugurated by the Lord Mayor, Alderman Mr. H. Lambert, J.P., in the City Hall on Monday, 20th May prior to the conference on 'Mental Health at Home and Work.' During the remainder of the week further special conferences took place on 'Rehabilitation,' 'Mental Health and Pastoral Care,' 'Student Mental Health,' 'Family Crisis' and 'Careers in Mental Health,' at which distinguished speakers provided papers; full audience participation was encouraged. Other activities throughout the City during the week included film shows in the library theatre, at schools and club premises, lectures and exhibitions, and group visits to hospitals and training centres. Community groups accepted the invitation to continue their interest after the 'week' which was regarded as a spotlight activity in the City's continuing programme. As a result of these activities there was a re-vitalisation of interest and requests for lectures and talks were made for periods up to a year ahead.

Venereal Disease.—There has continued to be an increase in national concern about the further rise in the incidence of venereal disease and the need for health education of young people. During the year Sheffield's experience during eight years pioneering work was called upon by local authorities throughout the country, and this aspect of the service was featured in a number of articles and radio and television broadcasts. The venereal diseases exhibition was also displayed at the joint Universities' Arts and Sciences Festival held in Harrogate. Unfortunately whilst there is a great willingness on the part of many schools in the City to ensure that students are not left unaware of the dangers of promiscuous behaviour, there are still some head teachers who feel that this subject must go unmentioned, thus leaving uninformed and unprotected those for whose physical and moral welfare they bear a measure of responsibility. For the teachers and groups leaders who recognise the importance of education the service provided a full educational programme on the subject including lectures, film shows and the use of the exhibition. The education of parents was given special attention, and all adult groups attending the health education centre were encouraged to see the exhibition and the film 'Quarter of a Million Teenagers'. Meetings for groups which included both parents and children were encouraged and it is felt that this joint approach is more satisfactory than a meeting for either group alone.

Cancer Education.—In a previous Report comment was made on the needs for a regional approach to cancer education preferably by a full-time unit specialising in this sensitive aspect of health education. During the year several meetings took place of a sub-committee set up by the Regional Hospital Board to consider cancer education. These meetings culminated in October in the arrangement of a regional conference attended by delegates of local health authorities, executive councils, hospitals, etc., at which papers on modern methods of diagnosis and treatment and the needs and problems of public education in cancer were given. The conference concluded with a resolution that delegates should return to their nominating organisations recommending that consideration should be given to the establishment of a regional organisation to undertake and co-ordinate cancer education activities. It is hoped that such a body can be brought into being without delay to ensure systematic co-ordination of properly orientated regional programmes against which individual local activities could be set.

In Sheffield there was further expansion of the cancer education programme offered, particularly that on cervical cytology to women's groups. With a view to make it possible to contact women not members of clubs and groups, approaches were made to factories and organisations employing large numbers of women. This collective approach is of considerable value, particularly where employers are willing to allow time for smear tests to take place during working hours. With a view to widening the programme of cancer education it is intended in 1969 to arrange in-service training for a cadre of medical and nursing staff.

Dental Health Education.—Following the major dental health campaign conducted during 1962/5 considerable follow up interest was shown by schools. Interest has now waned and, as only sporadic requests for this subject are received, efforts to encourage interest are continually necessary. The fact that dental illness appears to lack the false glamour of some other more sensational health hazards must be accepted but not with apathetic acquiescence if the rising tide of oral ill health (and the financial burdens it entails on the health service) is to be stemmed. There are now many young children in the City who were not in schools during the main three year campaign and arrangements have been made for a special infant and junior schools programme to commence during early 1969.

During the year the research project on the Dental Attitudes of Primagravid Women conducted by the health education service in co-operation with the Dental Department of the University of Sheffield was completed. The project revealed considerable lack of knowledge about oral health and the importance of primary dentition, and emphasised the need to regard mothers-to-be as a special target group for dental health education. The results of this survey are to be published during 1969 in the International Journal for Periodontal Research.

Drug Dependence.—Considerable scepticism was shown when attention was drawn to the need for education about the misuse and abuse of medicine and drugs, and many regarded the earlier work undertaken in Sheffield as unnecessary. As the epidemic of illicit drug taking has spread across the country, the steadily rising statistics leave no room for complacency and can only be regarded as the tip of the iceberg. Absolute figures of the incidence of drug taking amongst young people are difficult to acquire but surveys carried out during the educational programme in the City suggested that some 12% of boys and 17% of girls in the 14 year age group appear to be in regular contact with someone taking drugs. They are therefore exposed not only to a sub-culture which accepts drug taking as normal but to a pipe-line with access to supplies. The pattern of drug taking in the City changed during the year as, largely due to the efficient action of the police drugs squad, pep pills of the amphetamine type became virtually unobtainable. Unfortunately the use of marijuana increased and this is now the most commonly used illicit drug. Education of young people about the dangers of 'pot' smoking is made more difficult by the ill-advised announcements made regularly by national figures who propose a liberality of attitude towards marijuana which would appear to be misguided. Continuous, factual, non-sensational education is essential if these views are to be countered and the programme conducted during the year by the health education service, the police and the pharmaceutical society is evidence of the clearly defined policy of education and prevention being vigorously pursued in the City.

Sheffield Show.—The Sheffield Show took place at Hillsborough Park from 5th to 7th September inclusive. The department provided a major exhibition on the 'Work of the Public Health Inspector.' Photographic, practical and live exhibits were provided on many aspects of environmental health. Inspectors were in attendance throughout the show and gave professional advice and information to the many visitors attending. Members of the public repeatedly expressed amazement at the extent of the duties involved in the environmental health work of the department and the many ways in which the public health inspectors contribute behind the scenes to the protection of the community's health.

Training of Students and Professional Workers.—The staff of the department again contributed to professional training programmes either at courses conducted at the health education centre or at colleges and centres elsewhere in the City. Students undertaking theoretical or practical training in medicine, nursing, public health inspection, health visiting, midwifery, administration, social work and police duties were all assisted by lectures, practical work or visits of observation. Background information was also provided to tutors and lecturers. Overseas visitors were made welcome and given opportunities to join in the activities and thus gain practical experience.

Press and Public Relations.—Good relationships with press, radio and television have again been a valuable means of disseminating health information and knowledge about the work of the department. Radio Sheffield, now well established as a channel of communication, has been particularly helpful and individual broadcasts as well as series have been arranged on such topics as preparation for parenthood, geriatrics, drug abuse, child minding; the ambulance, social psychiatry, family planning and obstetric services; work of the public health inspector, sex education, cancer, cervical cytology, rodent control, accident prevention, and other general health and welfare topics.

The local press in addition to day to day news reporting have provided features on medical social work, geriatrics, home confinements, mental health, mental subnormality, cervical cytology, family planning, work of the public health inspectorate, adolescent health education, sex education and the work of the health education service.

The Future.—Attention was called in the Reports for 1966 and 1967 to the massive growth in the demands on the Health Education Service. The three male members of the staff at the health education centre were again called upon to increase the amount of normal duty working to meet these demands and almost 1,500 additional hours of duty were undertaken, a considerable increase over the 1967 figure of 1,250 hours and the 1966 figure of 1,000 hours. The warning must again be given that failure to make adequate provision to ensure a population willing to co-operate in the promotion of health and the prevention of illness may well result in a costly bill for the future. The explosive epidemics of sexually transmitted disease and drug taking are but two examples of problems which will grow still further without an adequately warned adolescent population. Cancer, safety, cardio-vascular disease, obesity and proper use of leisure, are fields which require considerably increased attention.

LECTURES AND FILM SHOWS

			Comparative Totals		
	Day Time	*Evening*	1968	1967	1966
Lectures by professional staff of the Public Health Department	316	139	455	484	367
Lectures by Health Education Organiser ...	190	55	245	246	183
Lectures (day time parentcraft)	305	—	—	270	325
Film screenings followed by discussions ...	953	224	1,177	876	687
Total audience at film screenings	—	—	34,173	23,161	13,804

The above figures do not include informal group meetings and in-service training lectures given to members of staff.

SOCIAL PSYCHIATRY

By J. Stephen Horsley, M.R.C.S., Senior Medical Officer

"*Human relations are the most difficult of all accomplishments*"
Natalie Clifford Barney ((Pensées d'une Amazone)

Community psychiatry is developing so rapidly that it tends to outstrip our capacity to define what is going on and why. Consequently it is imperative to re-examine critically, and regularly, the social structure and function of the preventive psychiatry unit. This essential process of continual role evaluation is a team responsibility undertaken by the members of a seminar held once a week throughout the year.

The main developments during 1968 will be described under two headings: (1) family psychiatry, and (2) new provisions for the mentally subnormal.

FAMILY PSYCHIATRY

In the sixth annual symposium of the Society of Medical Officers of Health, Professor Thomas Ferguson* (1967) referred to "that no-man's land between hospital and community" to emphasise his point that mere proliferation of hospital beds would not solve the health problems of the community. The real problem is one of communication and human relations; and the greatest need today is a new kind of mental health service giving more and better attention to counselling and domiciliary care.

The location of a clinic may be decisive when a doctor refers one of his patients for a consultant's opinion. In many families prejudice against any form of psychiatry (including child guidance) tends to cause delay in accepting the need for a specialist's help, but prejudice is less evident when referral is to a clinic held in a general hospital or in a maternity and child welfare centre where the mother may have attended earlier for antenatal care and preparation for labour. Another advantage in having the clinic where it is already accepted by the general public is in the opportunity to provide a 'walk-in' session for the feckless ones who fail to keep appointments.

Clinic for Family Psychiatry.—The therapeutic methods of family psychiatry include a great deal of marital counselling which may be regarded as primary prevention in some cases, and early secondary prevention in others. The special techniques developed by the few who practise family psychiatry have been described in detail by Dicks† (1967) and by Howells‡ (1968) whose seminars have been attended by some of our health visitors.

The staff of the family psychiatry clinic comprises: a psychiatrist in charge, the principal social worker, a clinical psychologist who attends only by appointment, one or more health visitors, mental welfare officers and welfare assistants. A general practitioner or a consultant is often invited to participate whenever this is appropriate. The unit provides far more than the bare clinical assessment, diagnosis, counselling and psychotherapy: there is the equally important task of providing a range of educational services including some post-graduate and in-service training; and there is a limited contribution to research.

The most dynamic development in this clinic during 1968 has been the introduction of group psychotherapy for young parents who meet once a week to discuss common developmental and marital problems under minimal medico-psychological guidance.

* Ferguson, T. (1967)Hospital and Community. *Public Health*, Vol. LXXXI, 295-299

† Dicks, H.V. (1967) *Marital Tensions*. London: Routledge & Kegan Paul

‡ Howells, J. .. (1968) *Theory and Practice of Family Psychiatry*
Edinburgh and London: Oliver and Boyd

Simultaneously, in an adjacent room, a group of about eight children whose ages range from 2 to 5 years receive play therapy from other members of the clinic team. This method of dual group therapy was used at first in families with insecure and emotionally disturbed children, but plans are now being made to extend similar facilities to families under stress on account of the presence of very young retarded children for whom places are not immediately available in one of the junior training centres. This method differs from the traditionally individual approach of orthodox psychiatry, and it embraces the more realistic goal of family relationships in which it is recognised that the child or other member referred for treatment is frequently merely the presenting symptom of a sick family.

Group psychotherapy for parents is conducted simply with a small intimate circle of chairs allowing seven or eight members to sit together with the therapist while they are encouraged to let go in free and quite uninhibited conversation. The optimal time for each session has been found to be $1\frac{1}{2}$ hours. Even at this early stage it is clear that progress compares favourably with any which might have been expected with ordinary methods of individual therapy.

Play Therapy.—Four or five members of the team work together in the children's therapeutic play group to provide a one-to-one relationship for those who need it. The group may include a psychiatric social worker, one or two welfare assistants, a health visitor, and student teachers from the diploma course for teachers of the mentally handicapped. Each member brings a different contribution to the group: thus a young student teacher may provide the closeness of a sibling relationship for a child who needs to act out a part with an older brother or sister. By contrast, one of the welfare assistants, whose own children are at school, often copes with a child whose own mother considers him to be unmanageable. Then a health visitor may bring similar qualities of parental confidence which, in her case, may be enhanced by her professional skills and understanding of child development. Again, when a senior psychiatric social worker participates in play therapy he may find himself playing a dual role: (*a*) as a consultant to his colleagues, and (*b*) as a father-figure or 'uncle' to whom a child can turn for help and support.

Clinical Discussion.—Staff meetings following therapeutic groups are sometimes wrongly criticized on the grounds that 'too much time' is spent on training the staff, and not enough on the patients. Perhaps the critics may be reassured by the fact that the parents themselves welcome the knowledge that their group therapy will be followed by staff discussions aimed at better understanding of their difficulties. In considering the importance of in-service training for all grades of health and social service staff, there is ample evidence that the small training group (T-group) plays a vital part in the social process of learning. The key factors in this process are emotional involvement and drama (action). Every member of a clinic team needs retraining in the principles of small group dynamics and mental hygiene. This T-group sensitivity training is an essential prelude to any form of marital counselling or group therapy, and it is of course equally applicable to the teaching staff in junior training centres.

Record of Attendances at Clinics for Family Psychiatry

1.	Antenatal screening ...	...new cases	87
	Extra visits for counselling, etc. ...	...	117
2.	Marital tension	...new cases	20
	Further visits for psychotherapy ...	...	82
3.	Child guidance clinic ...	...new cases	38
	Further attendance for play therapy	...	172

PROGRESS IN THE SERVICE FOR MENTAL SUBNORMALITY

Evidence of progress on a broad front during 1968 is presented under four headings, but it is necessary to emphasize that the increasing concern for the welfare of the mentally subnormal must be seen in relation to the quality of existing services and the extent of unfulfilled needs. The four lines of progress to be described are:—

(i) Research; (ii) counselling as a preventive service; (iii) new hostels; (iv) a new junior training centre.

Research.—Throughout 1968 Mr. Michael J. Bailey, of the University of Sheffield, has been working in the department on a research project designed to establish what factors contribute to the satisfactory care at home of the mentally subnormal. Mr. Bailey wishes to find out if there are any significant links between the ability or inability of the family to care for their subnormal member at home and the nature of the locality in which they live. He hopes also to identify those aspects of community support which may be crucial to the successful home care of the subnormal. At an early stage in this work, Mr. Bailey confirmed the finding that over a quarter of the total number of subnormals permanently in hospital were admitted when they were in the 15-19 age group. In addition, this research may yield useful information on the value of various services such as short-term care, home helps and training centres.

A different line of research, being carried out in the antenatal clinic at Orchard Place, is the prospective study of pregnancy stresses in relation to future developmental abnormalities in the child.

Counselling as a Preventive Service.—It is common knowledge that the most neglected part of the national mental health service is in the provision of counselling clinics for the mentally subnormal and their families. Such clinics are so rare that even psychiatrically trained personnel seldom know of their existence or, if they have heard of them, they have little knowledge of their function.

Ideally a counselling clinic should be easily accessible and clearly identifiable as part of a public health well-baby clinic. Unique opportunities for developing a preventive counselling service are already available in any large public health department and a brief reference to the value of our own counselling clinic was made in last year's Annual Report. This new service has been developed during 1968 by tailoring it so far as possible to meet the needs of different families.

Counselling Begins At Home.—Case findings and early diagnosis are seldom adequate, but this hiatus can be bridged by emergent patterns of teamwork when doctors, health visitor, district nurse and mental welfare officer all meet together regularly to share their different but highly relevant skills, observations and knowledge. This approach requires a re-deployment of community psychiatrists who are prepared to spend a substantial part of their professional time side-by-side with their non-psychiatrically trained colleagues, sometimes in a group-practice centre or in one of the public health clinics for maternal and child welfare, but frequently in domiciliary consultation with the general practitioners. In recent years the old-fashioned domiciliary consultation has become relatively infrequent—and the contemporary equivalent is merely a visit by the specialist who then telephones or writes to the general practitioner, but seldom meets him in actual consultation. The community psychiatrist could do a great deal more to restore the value of domiciliary consultation in which two doctors meet face-to-face, examine the patient together, consult together, and then together explain their findings and recommendations to the patient and to his or her family.

Thereafter, further counselling is provided either at the clinic for family psychiatry or, when this is likely to be more acceptable, at a junior training centre. Such counselling sessions have been held during 1968 at Norfolk Park Junior Training Centre on Friday afternoons, and at Ivy Lodge on Thursday mornings: and in these instances it is always very helpful to have a member of the centre staff present, together with the social worker, when parents meet the psychiatrist. Individual counselling of parents and patients has been described as 'the most important function of the clinic' (Wollen,* 1967) and, for the patient, counselling in the adult training centres is an integral part of training 'culminating in selective placement at work after careful matching of both employer and employee.'

* Wollen, W. (1967) The role of the clinic for the mentally subnormal. *Public Health*, Vol. LXXXI 289-294

New Hostels: Oakbrook View.—Twin purpose-built hostels, opened early in 1968, may be regarded as the forerunner of one of the most valuable provisions for mentally subnormal adults. The administrative and material details of these new hostels will be described later by Mr. Lloyd; therefore, I shall limit my remarks to the question of hostel function in relation to emergent trends.

The national policy of community care for the mentally subnormal has been vindicated by Campbell* (1968) in her detailed study of thirty-seven mentally subnormal adults. This shows that those transferred from a large hospital to local authority hostels were less isolated than a control group still in hospital. Campbell's work corroborates the observations of Temple Phillips† (1966) that hostels for adult subnormals are either fully occupied or likely to become so. The evident success of mental subnormality hostels makes it all the more desirable to clarify the question of hostel function. Is this to be prevention, or mini-custody?

The chilling phrase 'custodial hostel' was used by Esher (1965) in his contention that there is a clear need for the local authorities to provide custody for many severely subnormal 'welfare cases' who are likely to require life-long care: but Esher also recognized the need for other hostels which he designated 'rehabilitatory hostels' and these he regarded as a hospital responsibility. The question of hostel function, prevention or custody, may be sharpened by closer attention to the reason for direct admission from the community to a hostel. In the case of adult patients the main reason for direct admission to a hostel is loss of the key person previously caring for the resident, usually through death. The second major reason for direct admission to a hostel is similar, and this may be described as 'incapacity of the key person, whether from chronic illness or from ageing.' There are many other key factors to consider in assessing priorities for places in a subnormality hostel: for example, deterioration of interpersonal relationships between the resident and those caring for him, the impact of additional family burdens, and quite often conflict with the neighbours. In such circumstances hostel care may appear to be mainly custodial, but also partly preventive, both for the resident and for any relatives who may have been at risk on account of unrelieved stress.

There is also a specifically preventive role when a hostel provides temporary short-term care for a difficult adolescent whose antagonism to parental authority seems to threaten his parents with a breakdown of their family life. When temporary care is planned in combination with every necessary medico-social support, this may give the family a unique chance to review a desperate situation in quieter circumstances.

The best results with mentally subnormal residents depend closely on the degree of co-operation between hospital, hostel and other social and educational services, particularly when steps are taken to close the gap between hostel and training centre staff. Co-ordination of these several services could give results comparable with the observations of Hilliard and Kirman‡ (1965): "that actively rehabilitated 'imbeciles' may have a better potential for social recovery than chronic psychotics."

In due course, when sufficient time has elapsed to undertake a follow-up study of ex-residents in the Oakbrook View hostels, it would be instructive to compare the findings with those of a similar follow-up study of ex-residents in Southey Hill House which is currently nearing completion.

* Campbell, Alison C. (1968) Comparison of family and community contacts of mentally subnormal adults in hospital and local authority hostels. *Brit. J. prev. soc. Med.*, 22, 165-169.

† Phillips, H. T. (1966) Hostels for the mentally disordered. *The Medical Officer*, CXV, 85-92.

‡ Hilliard, L. T., and Kirman, B.H. (1965) *Mental Deficiency*. London: Churchill.

A New Junior Training Centre.—The new purpose-built centre on Norfolk Park Road will be ready to receive its first trainees early in 1969: again, the administrative and material details will be described later by Mr. Lloyd. Therefore, instead of making redundant comments on the new centre, I will refer only to the small temporary centre at Ivy Lodge which will transfer *en bloc* to the new Talbot centre in 1969. The staff of Ivy Lodge provided an object lesson in human relations, especially in the spontaneity of their monthly meetings for the parents of all the children at the centre. I have no doubt that the happy and relaxed atmosphere of this subsidiary centre will continue to flourish after the transfer.

The remainder of this report is contributed by Mr. W. F. Dunne, principal social worker, and by Mr. W. E. Lloyd, chief administrative assistant, to both of whom I am indebted for their constructive co-operation.

SOCIAL WORK

Referrals.—The number of referrals for investigation, care or after-care continues high. The gross total of referrals was 1,042, which includes subnormals and persons referred despite their having refused after-care.

The number of persons accepting the social work services of the section or requiring investigation and receiving one or more visits was 683. In addition to this number there were 65 referrals of subnormal children.

A more detailed breakdown shows care and after-care referrals in age groups.

Under 50	Male	165
	Female	219
50—59	Male	31
	Female	57
60 and over	Male	59
	Female	106

These figures reflect those for the nation as a whole and show that women are more likely to suffer from a mental illness than men. The big difference between men and women in the over 60 group is partially due to the fact that women live longer than men.

Of patients refusing after-care upon discharge from hospital, about 10% are approached despite their having done so. These are cases where it is known that the patient faces serious problems or adverse conditions with which it is unlikely he or she would be able to cope without assistance. These offers of help are usually accepted by the patient or sometimes by a relative on behalf of the patient. There remains a small number of patients who are so negative or out of touch with reality that they refuse all contact with the Social Psychiatry Service. Such patients alienate all sources of aid by their behaviour, sometimes getting into the position of having no income, no doctor and nowhere to live. At this stage they usually come to the notice of the police and the circle is complete when the police call in the Social Psychiatry Service. A difficulty in dealing with these negative patients is to discern those who really are mentally ill from another small group whose way of life is similar. These people, whilst they display no clear symptoms of mental illness, behave in ways that differ markedly from the normal. Sometimes homeless, they take no steps to remedy this but get such comfort and shelter as they can in waiting rooms, bus stations and even public toilets. To the police they are a constant problem and may have a long list of convictions for such offences as using obscene language, insulting behaviour and even assault—though it must be noted that these people are rarely dangerous and the assaults are often little more than gestures.

The last two categories of referrals take up an amount of the agency's time out of all proportion to their numbers. It is always necessary to investigate such referrals and to ensure, despite the certainty of refusal, that an offer of assistance is made. Where the behaviour has been more than usually odd, a psychiatric opinion is sought in case oddity is deteriorating into mental illness.

Hostels.—In the section of this part of the Report which is headed Administration, attention is drawn to the fact that, though Southey Hall, the women's hostel, has been open for almost a year, it has not been possible to have all the thirty beds taken up by patients who would benefit from a stay there. Since more women than men suffer at some time from mental illness, it would seem that this accommodation should be occupied: since it is not, it may be worth looking for some indication of the reasons for this.

The intention prompting the establishment of hostels such as Southey Hall, and that for men, Southey Hill House, was that these should be half way stages in the patient's return to life in the community. Thus, the benefit to the patient of a stay in a hostel would take the form of some degree of preparation for the resumption of an autonamous life in the community, perhaps with some measure of social work help. A subsidiary, but important, other purpose was that hostels should be used to afford temporary relief to the families of mentally ill persons by enabling the patient to be accommodated for short periods so that, for instance, the family could go on holiday.

No distinction seems to have been made between the needs of men for such accommodation and those of women. The Government publication 'Health and Welfare, The Development of Community Care' indicates that provision was to be based on population alone. Is there reason to think that women may not require as many hostel beds as men? If we look at the situation in the community at large, it is plain that there are many more homeless men than women; there are also many more unattached men than women, and it is the unattached, in the main, who go into the hostels. Where there is a functioning marriage, a viable relationship, the stay in a hostel, if it takes place at all, is short. Though mental illness places great strains upon relationships, a majority seem to survive and, when the patient is discharged from hospital, he or she goes home. Particularly is this so with women.

At the time of writing, April, 1969, the women's hostel does not contain one woman who is not single, widowed, divorced or separated and it may well be that it is only the persistence of residual symptoms which prevents these women from forming or reforming relationships which would take them out of the hostel.

Though some residents in the women's hostel have relatives whom they visit, these relationships are often oddly formal. Some residents are incapable of social responsiveness and, when not performing some undemanding task, sit about making no attempt to interact with others. The majority of the residents are in the 40's and 50's: one has been in a psychiatric hospital for 38 years. It may be that further investigation would show that some of these cases are likely to be non-recurring; that they are women who have become to some extent institutionalised and cannot function effectively outside an institutional setting. Present psychiatric practice aims at preventing the development of this degree of dependence.

Group Work.—It has long been thought that the standard social work practice of individual case work is not the only effective means of helping clients. But, in the Social Psychiatry Service, because of staff stringencies and the constant necessity for maintaining the 24 hour rota, opportunities for experiment are limited.

One of the senior mental welfare officers has long been interested in the possibilities of group work as a means of providing support and insight to the mothers of mentally handicapped children. The rationale behind the group work approach is the expectation that the sharing of experiences provides a form of support, and enables insight into the meaning of these experiences in a way that is not possible with individual case work methods. The original intention was to start two groups, one for isolated young persons who had been discharged from psychiatric hospitals and the other for the mothers of mentally handicapped children. So far, it has not yet proved possible to start the group with the young people but that for the mothers has been meeting since September, 1968.

The group meets at a maternity and child welfare clinic situated in a suburb of the City. The meetings take place on the last Friday afternoon of each month. A small crèche has been provided so that any young children who cannot be left with relatives or friends can be brought to the clinic and cared for whilst the mother is attending the group meeting. Group membership has been recruited from among the mothers of mentally handicapped children who have recently come into the administrative area of Sheffield by an extension of boundaries. This gives the group a certain homogeneity. Another factor determining recruitment in this area was that there was reason to believe that mothers here with mentally handicapped children felt themselves isolated from the provision for handicapped children, which is of course mainly situated in or near the City centre.

The project got off to a slow start. Initially attendances did not exceed five mothers and at one stage dropped to three (this was a period of very bad weather). At the time of writing, attendances have improved and there has been a fairly regular attendance of seven mothers at recent meetings.

Results.—The immediate object of the group has been realised. These mothers now find themselves able to expess freely the frustrations, disappointment and bitterness which they sometimes feel because they have a mentally handicapped child in their family. This expression of their feelings in the group has led to a marked improvement in morale. The regularly attending mothers appear to be more confident and more settled in the demanding role of mother to a mentally handicapped child.

Future Work.—It is felt in the social psychiatry section that the work of the senior mental welfare officer has been effective. The intention is that this work shall continue and, when possible, will be extended as indicated earlier, by the formation of the other group for young former psychiatric patients.

Comment.—The work of consultant to the group, undertaken by the senior mental welfare officer has sometimes been exacting. As the mothers gained in confidence and expressed this more freely, they became highly critical of local authority provision in the field of mental handicap, sometimes making the consultant feel as if he were personally responsible for this. However, the expression of these feelings is just as important as the expression of their feelings about the children and their behaviour in the home. While this group as such, can have no political function, it is clear that the fact that the mothers of these handicapped children have begun to think about the provision made for the children, will eventually help towards the growth of a body of informed opinion which could ensure that local authority resources in this field are put to the best possible use.

Shamrock Club.—This mixed club meets on a Monday evening in the Council of Social Services' premises and replaces the former Tuesday Club (boys) and Thursday Club (girls). After a slow start, owing to changes in staff the Club settled down to a regular attendance of 25-30 boys and girls under the joint leadership of Miss K. Brown, Council of Social Service, Mrs. D. Inie and Mr. A. Chittenden, of the Social Psychiatry Service. During the year a number of helpers were co-opted from the university, industry and the women's police force.

Of the 62 names on the register, a number of these are E.S.N. children with problems at home or in the work sphere. The others are children from deprived areas together with a number of mentally disturbed and mentally handicapped children. Generally their activities are limited owing to the accommodation, but the members usually dance, talk, play games—other activities have been and will be introduced when the opportunity occurs.

A successful walk over Stanage Edge was arranged in October with a group under the leadership of Mrs. Inie and Sgt. Jill Miles. Christmas was celebrated in the traditional style with a turkey dinner and was attended by members of the club and representatives from the Health Committee and Council of Social Service. Future membership of the club will continue to be drawn from E.S.N. school leavers and disturbed teenagers with special problems.

Volunteers.—The section currently has the services of 14 volunteer workers. Some are university students, others professional people who wish to engage in some form of community service. Excellent relations exist with the Community Care Service run by the Sheffield Council of Churches, and volunteers are also drawn from this group.

Volunteers are given a number of preparatory talks, and are then attached to a social worker to whom they are responsible for such cases as they are given. Volunteers are also taken on visits to various social psychiatry services such as the training centres and hostels. This gives them some indication of the agency resources and some knowledge of the kind of person likely to benefit from these provisions.

Most volunteers are effective but some have achieved really excellent results, having managed to keep clients going through various crises. However, the main work of the volunteer continues to be with the aged and, to a lesser extent, the subnormal. They are also useful in a variety of relatively uncomplicated cases which require support. It is hoped that the number of volunteers can be further increased so that the Social Psychiatry Service will be the better able to keep in touch with the increasing number of old people being referred.

The Seebohm Report.—Without doubt the social work event of the year was the publication in July of the Report of the Committee on Local Authority and Allied Personal Social Services (Seebohm). The sweeping changes recommended were recieved eagerly by the majority of social workers but, from the social psychiatry section at least, some of the eagerness has gone as it was realised that many of the advances which have been made in the care of the mentally handicapped were likely to be lost with the change from specialised mental health workers to general social workers.

The issue of specialisation is crucial. Seebohm justifies the move from specialist workers to general workers by assuming that a family orientation is superior to "symptom" orientation. One wonders if this is any more than word manipulation. No person engaged in dealing with the mentally disordered could fail to take into account the family. Though it is not families which go into hospital but individuals. The deficiencies of existing services are not due to "symptom" orientation but, chieflly, to lack of resources and the unfortunate tripartite organisation of the health services. If resources are to be effectively used a specialised service will do this best.

In the community mental health field, the central problem seems to be the allocation of resources between provision of rehabilitation and provision for supporting chronic and disabled patients in the community. We know from work in various authorities that many more chronic patients can be supported in the community if the right kind of provision exists.

One of the major hindrances to a more efficient service for the mentally disordered is the division, physical and conceptual, between hospital and the community. Hospital should be as much a service as a place. Nursing should be available outside as well as inside. A small start has been made along these lines by Middlewood Hospital which sends patients and a nurse out to a factory to work. The role of the psychiatric nurse in the community has yet to be worked out. The future of psychiatric services may well be in the form of a more 'open' hospital with patients moving much more freely, and quickly, between hospital, hostels, supervised lodgings and full life in the community. Provision must be variable since mental illness is not like physical illness: the changes caused vary from person to person. The same acute stage of a mental illness may require in one case admission to hospital and restraint, and in another be manageable at home. Homes and families differ greatly not only fundamentally but also from time to time. A major need in mental illness is for the family to feel from the onset of an acute stage, that they are not alone. The effective provision of a combination of nursing and social work help with psychiatric consultation readily available is by its very nature, a specialised service which is unlikely to grow in a Seebohm setting.

ADMINISTRATION

Norfolk Park Training Centre.—On the 31st December, 1968, the numbers on the register at this centre were as follows:—

(*a*)	Junior training centre	128
(*b*)	Special care unit	42

This centre, by modern standards, is considerably overcrowded. During the year plans were drawn up for an extension so as to increase the accommodation available for the special care unit and also provide additional classrooms in the junior training centre. This latter will not enable more children to attend but, together with a transfer of some children to the new training centre, will enable the overcrowding to be eliminated. The extensions were commenced in October but the hope that they would be available for occupation early in the new year has not materialized.

One member of the staff was seconded to the Sheffield course for teachers of mentally handicapped children.

Norfolk Park Short-Stay Residential Unit.—The highest admission rate continues to be that during the summer months but it has been possible to care for a greater number of children outside the holiday period. The Matron left during the year and the full-time resident house mother was promoted to this post. Fortunately it was possible to obtain temporary staff during the periods that the staff of the short stay home were on holiday leave.

Short Stay Residential Unit

Number of admissions	125
Average length of stay (in days)	17
Reasons for admission:—	
(i) Parent(s) admitted to hospital, or illness	3
(ii) Rest for parents	33
(iii) Parents on holiday	62
(iv) Mother expecting a baby	1
(v) Other reasons	26
Condition of children admitted:—	
Ambulant	96
Non-ambulant (cot and chair cases)	32
Hyperactive	42
Requiring to be fed	27
Epileptic	37
Incontinent	52

Ivy Lodge Training Centre.—At the end of the year there were 28 children on the roll, an increase of four over the 1967 figure. The use of these premises is only intended as a temporary expediency until the new junior training centre is completed.

Talbot Junior Training Centre.—It had been hoped that this new centre would be open before the end of the year but due to delays in building it became apparent that it would not open before February, 1969. On opening, the children from the Ivy Lodge centre together with a number of children from the Norfolk Park training centre will be transferred to these premises. In addition, all the children on the waiting list will be accommodated and it is expected that a number of vacancies will be available so that children will be admitted without having to go on a waiting list. It is however, apparent that a further centre will be required within the foreseeable future unless training becomes integrated within the system of special education.

Pitsmoor Road Training Centre.—As stated in previous Reports these premises are totally unsuitable for use as a training centre. Moreover, there is serious overcrowding, although this will be alleviated early in 1969, when the Ivy Lodge training centre premises will become available as an over-flow for the Pitsmoor Road centre. This can by no means be considered an ideal arrangement, although the buildings themselves are in close proximity.

Tribute has previously been paid to the staff at the centre who have continued to operate for so long under very difficult conditions. It may be significant that, although having been given the opportunity, none of the staff at this female centre have availed themselves of the training afforded by the National Council. While it is appreciated that it is far more difficult for married women and women having their own homes to undertake a 12 months' training course in either Birmingham or Hull, it is possible that part of this lack of enthusiasm may be due to the unsatisfactory working environment.

During the year plans were drawn up for the building of a new 150 place adult centre to accommodate trainees of both sexes. On the completion of this new centre it is hoped that the Pitsmoor Road premises will no longer be used as an adult centre and that the trainees not moved to the new centre will be transferred to the present Towers training centre. Even at this early date however, it is becoming apparent that the number of new places provided in the centre, together with those provided at the existing Towers training centre will not be sufficient to accommodate all who wish to attend.

The Towers Training Centre.—At the end of the year there were 117 adult males over the age of 16 years, and 17 under the age of 16 years at this centre. Those trainees under the age of 16 years will be transferred to the Talbot and Norfolk Park junior training centres early in 1969. This will enable some 15 trainees from the waiting list to be accommodated, although it will not eliminate a situation that is likely soon to cause overcrowding. The making of wall ties for the Public Works Department and a number of local firms continued but, unfortunately, a possible contract for the making of steel reinforcing links for concrete posts did not materialise. The more traditional occupations of basket making, woodwork, wrought iron etc., continued to operate.

Two members of the staff were seconded to the training course for teachers of mentally handicapped adults and two members of the staff returned from training courses.

Brunswick Street Training Centre.—There were 34 trainees on the register at the end of the year. During the year the establishment was increased by one Supervisor, so as to enable a member of staff to be seconded to a training course. The trainees attending are still predominantly of a lower grade than those attending the Towers. Nevertheless, the output and activities of this small centre have continued to flourish. The 2,000 mark for Christmas calendars was again exceeded and steady orders for carrier bags, disposal bags for the use of midwives and the school dental service continued to be obtained. Thirty of the trainees, together with the supervisory staff, had a week's holiday in North Wales. A number of trainees undertook swimming instruction during the year.

Annual Holiday.—A party of 96 trainees from the Towers and Pitsmoor Road centres, together with staff, had a week's holiday at the Miners' Welfare Holiday Centre at Skegness. In addition 23 trainees from the Towers training centre had a hiking holiday in the lake district.

Training Centre.—As in previous years every encouragement was given to staffs of training centres to attend courses and the demand, from all except Pitsmoor centre, has been such that it is not possible to send all persons wishing to attend at one time and such things as length of service, age, have had to be taken into account in assessing priority. The Authority is now approaching a situation in all but one centre where the majority of staff will hold a qualification by examination; there are, of course, a number of the older members of staff who hold a certificate of recognition. This is a very heartening state of affairs and one on which the Authority can congratulate itself.

Training Centres—General.—By the end of the year the two most obvious aspects of the training centre service were that neither the new junior training centre nor the proposed new adult centre were going to be adequate in providing the requisite number of places required, if all trainees asking for the service were to be accommodated. It must be remembered that, although it is not often one comes across parents of children who are suitable to attend training centres refuse this service, the same cannot be said of older trainees. Because of the lack of accommodation both for juniors and seniors, little pressure has been put upon those parents who express either positive rejection or who prevaricate about their children attending.

Southey Hill House.—During the year there were 24 new admissions and eight re-admissions to this hostel. The average length of stay was four months, which was one month more than the average length of stay for 1967. There were considerable staff problems at this hostel during the year, culminating when the superintendent and cook/housekeeper left in December. The deputy superintendent was promoted to superintendent and his wife engaged as cook/housekeeper. Thanks are due to social workers, training centre and administrative staff, for their help in relieving at the hostel throughout a difficult year. Eventually it is intended to increase the size of this hostel, which is not purpose built, to provide both a better standard of accommodation for the resident staff and also to increase the number of bedrooms by six.

Southey Hall.—This new hostel, having accommodation for 30 women, was opened in January, 1968. By the end of the year there had been 43 admissions and five re-admissions; the average length of stay was five months. Four females had been placed in the hostel for temporary care, having an average length of stay of two months. During the year the hostel functioned at just under 2/3rds full; this compares not unfavourably with the first year of the opening of the male hostel some 7 years ago.

Oakbrook View.—This project which is, in effect, two hostels of 17 beds each, one for male and one for female subnormal adults, was opened in April, 1968. During the year 12 males and 12 females were admitted and there was one female re-admission. In addition 15 males and eight females were admitted for temporary care with an average length of stay of two weeks. These hostels, by the end of the year, were to all intents and purposes full, although two beds in each hostel, as far as is possible, are reserved for temporary care and there has been little difficulty in filling these places. The Authority, has, within its ten year plan, provision for a further four hostels for adult subnormal patients.

Hostels—General.—The two hostels for psychiatric patients have, from time to time, given rise to concern due to inability to fill the places provided. Of recent years the situation at the hostel for men has been fairly satisfactory bearing in mind that some fluctuation of numbers is inevitable. As far as the female is concerned however the highest number at any one time has been 21. It seems that this cannot be due to any one single factor, although from discussion with hospital staff it would appear that there is still some difference of opinion as to what the functions of the hostels are, and what type of patient is suitable for admission. Although various meetings have taken place to consider this matter, applications for admission in any numbers are still not forthcoming.

A further pattern is also emerging both in relation to the female psychiatric hostel and the female subnormal hostel; in general the problem is that of discharge. Generally speaking it has been found that discharged men tend to move into accommodation providing board and lodgings; on the other hand women require their own accommodation. The situation has to be faced however, that in the majority of cases these women are not earning sufficient (in the majority of cases somewhere between £7/£8 per week) to make them viable economic units within the community. It is impossible to obtain the right type of bed-sitting room or flat for these persons and still enable them to have sufficient monies to live on, from the wages that they are earning. Most of them are,

of course, unskilled workers and, despite all his efforts, the mental welfare officer who liaises with the hostels has so far been able to find only accommodation for two of the women who have been discharged from Southey Hall. A situation could arise where a number of residents who are otherwise fit for discharge will be unable to leave because of the accommodation problem.

Mental Welfare Officers.—During the year one officer successfully undertook the psychiatric social work training course in Liverpool, and two returned after obtaining the certificate in social work. Two mental welfare officers and a trainee were seconded for the two year social work course in Sheffield. During the year one mental welfare officer and one psychiatric social worker left the department; four mental welfare officers and one trainee were appointed. The establishment was also increased by two welfare assistants and these posts were filled during the year.

OCCUPATIONAL HEALTH

By R. E. Browne, M.R.C.S., L.R.C.P., D.P.H.,
Senior Medical Officer (Occupational Health)

"*We must not look for a golden life in an iron age*"
John Ray (English Proverbs)

The staff establishment remains unchanged, with one senior medical officer, one social worker, one clinic nurse and one clerk/typist. Changes of staff resulted in this small unit being without the services of a clerk/typist for the first two months of the year; although temporary substitutes were on loan from the Public Health Department, this was not a completely satisfactory arrangement. For the last three months of the year we were without the services of the social worker who had left to accompany her husband to another area.

The accommodation at the Transport Department, consisting of one medical examination room, which was also used as an administration office, for storage of equipment, records and correspondence, and one small office for the clerk/typist, was found to be increasingly restrictive on the functions of the service as a whole. As no other space was available, the social worker was provided with temporary accommodation at the Public Health Department, and could not be available at times when problems with social implications may have arisen during the course of medical examinations. By the end of the year negotiations had been completed for the Occupational Health Service to be provided with separate accommodation, with the adequate space for basic requirements and some expansion in the near future.

Medical Examinations.—These still constituted the greater proportion of the work even though routine pre-employment examinations of official staff and workpeople, with some exceptions, had been discontinued since the latter part of 1967. The main exceptions were the uniformed staff of the Transport Department for whom there is a statutory requirement for medical examination in order to obtain Public Service Vehicle licences for driving and conducting duties.

Out of a total of 2,039 medical examinations carried out during the year, 1,098 were pre-employment examinations, and the remainder re-examinations after long term illness, at the request of the employing department, or the individual worker, with a view to modification of work or retirement on the grounds of ill-health, and routine re-examinations of fitness in the case of bus drivers. Of the 1,098 pre-employment examinations 212 were official staff. These were made up of persons selected for examination by reason of relevant information in the medical history form which is completed and submitted to the Medical Officer, those persons who had indicated no previous medical examination, staff working in close contact with children (in accordance with Ministry of Health Circular 16/67 and Home Office Circular 175/67) and all registered disabled persons; also included in this number are 26 examinations of official staff carried out on behalf of other local authorities who have selected candidates living in the Sheffield area, and who could not be examined at the time of interview. Of the 941 re-examinations 209 were routine examinations of bus drivers, and the remainder were re-examinations after illness, carried out at the request of employer or employee with a view to assessment for work modification, or resettlement or retirement on health grounds after sickness absences.

Sickness Absence.—This still constitutes an important problem to all departments and, in particular, those with workpeople involved in the team bonus incentive schemes. Short term absences of under three days which do not have to be supported by medical certificates are a particular handicap to departments operating these productivity schemes.

Though every effort was made to try and give constructive assistance to both employing department and employee, the usual short term illnesses involved, such as those due to gastro-intestinal or respiratory disorders, were difficult to follow-up, and there was every reason to believe that the basic cause of repeated sickness absence is often not medical in origin, but arises more from background problems, whether domestic or financial, or lack of 'job satisfaction.' This would indicate that there is much scope for medical social advice and assistance if only the individuals can be encouraged voluntarily to seek help before ceasing work.

Long term sickness absences due to debilitating illnesses, major operation or accident, particularly in the ageing worker, were extensively investigated, always with the willing co-operation of the family doctor. There was still an appreciable number of unfit persons, unlikely to recover sufficiently to be able to resume work, who had been away for periods of one year or more. In almost every case it was found that there was a very strong desire to maintain their employment cards with the employing department as a last link with working life until sixty five years of age, even if the prospect of resuming work was remote or even non-existent. This attitude of mind applied even to those workers who were eligible for a pension on the grounds of early retirement for health reasons. This can be understood when it is appreciated that the grant of this pension before sixty five years of age is usually of no financial benefit, as any such sum is deducted from the supplementary pension assessed by the former Ministry of Social Security to bring the total income to a pre-determined level; all that is changed is the source of the income. However, it is fully appreciated that these long term cases may be an embarrassment to the employing departments who have difficulty in replacing an employee who is still on the books. It was found that a visit from the social worker to discuss all the financial and social problems was invaluable in encouraging a frame of mind to accept early retirement.

The re-settlement of those who had some measure of permanent disability affecting a worker's full working capacity proved to be most difficult in the climate of increased productivity bonus schemes. The variations of recommendations for light work with restrictions are numerous; no bending or lifting, no climbing ladders or working at heights; not working under pressure; not exposed to inclement weather conditions, and many others, including combinations of any number of these. Most employing departments have some light jobs which understandably are given to long service workers with good records from that department, and are not easily available to others.

Another group of workers which presents problems of settlement in the climate of increasing pressure by reason of team bonus work are the ageing and those with poor physical constitution. Such workers who have coped with a job for years are finding it difficult to do the same job at a pace set by the remainder of the team who may be twenty or more years younger or more physically robust.

Social Work.—Approximately 22 cases were referred by the Senior Medical Officer on account of financial problems arising out of basic temporary or permanent incapacity for work. Almost all of these were dealt with by consultations and advice regarding financial benefits available.

There were a few cases which presented unusual points worthy of note.

Case 1

A.B. aged 56 had left his wife aged 53 because of her accusations regarding her husband, not only to the neighbours but also at his place of work. The husband had gone to live with the daughter, who then became the object of slander. The crucial point was that the husband had worked for the department for over twenty years, and a house was tied to the job and, though the department had the right to evict the wife, they preferred not to do this. Attempts at reconciliation by everyone had met with no success, in fact the husband was contemplating divorce proceedings. After early discouraging reports following several visits to both the parties concerned by the social worker, perseverance resulted in the parties being reconciled, and the husband returned to the tied house.

Case 2

C.D.'s work involved the safety of others. His wife complained to the personnel section of the department concerned that C.D. was subject to fits of violent temper and rage, during which she was beaten from time to time. The Senior Medical Officer was asked to see him, bearing in mind the responsibility of his job. It was difficult to establish a relationship sufficient to obtain the background problems underlying this case.

The man was a gambling addict, and regularly lost a proportion of his weekly wages on the horses; these losses were taken out of the wife's housekeeping money and, when she complained, the ensuing argument ended up by physical assault. There was no reason to anticipate problems involving his work, which he said he liked and would not wish to change; he was a total abstainer and non-smoker. After numerous visits and consultations with both parties by the social worker, the wife wrote requesting that no further contact should be made, giving no explanation. Nevertheless the employee continues to work satisfactorily and efficiently at his particular job.

Some Problems and Hazards.—Although diseases of the respiratory system continue to be the primary cause of disability, with diseases of heart and blood vessels second, psychiatric disturbances show up from time to time, not only in clerical and administrative staff, but also among workpeople. Depressive illness and neuroses present problems which are helped by co-operation between the family doctor and medical officer; these conditions also need consideration and assistance from the employing departments.

After a visit to a section of the Parks Department the use of simple eyeshields was recommended, in addition to the usual protective clothing, for workers spraying herbicides containing paraquat and diquat. While the protection recommended by the Ministry of Agriculture had been in use, correspondence in the medical press indicated that contamination of the eyes could lead to serious damage.

Disinfection of Gum Boots.—The question was raised regarding the necessity of disinfection of partly used gum boots before re-issue to another worker. It is known that skin infections caused by fungi (e.g. athletes foot and ringworm) can be transmitted by footwear and an effective method of disinfection was sought. Correspondence with the London School of Hygiene and Tropical Medicine, and the Public Health Laboratory Service indicated that there was no recognised method of disinfection which was known to be effective and at the same time did not damage the rubber boots.

With the co-operation of the Medical Director of the Public Health Laboratory Service, Northern General Hospital, a series of trials was carried out at the Public Health Disinfecting Station at Osgathorpe. By the end of the year a process had been evolved which certainly destroyed the test spores placed inside gum boots, but as the process was at a higher temperature than that recommended by the manufacturers, it was considered necessary to carry out more extensive trials to ascertain whether or not the boots would deteriorate after repetitions of the process. The extended trials had not been concluded by the end of the year.

WELFARE OF HANDICAPPED PERSONS SERVICE

(Welfare of the Blind and Partially-Sighted)

By A. J. BAKER, Chief Assistant (Admin.)
Welfare of Handicapped Persons

"Daring ideas are like chessmen moved forward:
they may be beaten, but they may start a winning game"
Goethe

The numbers of names on the blind persons' and partially-sighted persons' registers at 31st December, 1968, were 1,059 and 397 respectively. While the blind persons' total showed a slight decrease of nine that of the partially-sighted showed a substantial increase of 37. The numbers of new cases—123 (blind) and 110 (partially-sighted)—were very similar to the high figures of the previous year which were 125 and 97 respectively. Further details are given in the appendix, page 125.

There is still a very much larger number of females on the blind persons' register aged 65 and over but in the under 65 age groups the males lead by 18 as the following table shows:—

	Males	*Females*	*Total*
Under 65	199	181	380
65 and over	229	450	679
	428	631	1,059

In June, 1967 the Ministry of Health issued a circular suggesting that blind persons needing residential accommodation could be assumed usually to prefer to live in a normal home for the elderly. In 1968 the number of blind persons in such homes in Sheffield rose slightly from 31 in 1967 to 36, while those in homes for the blind went down from 30 in 1967 to 25—the total in Part III accommodation was 61 for both years.

The year saw the issue of what social history will know as the Seebohm Report but it is not possible to say how this will affect the personal social services in Sheffield and particularly the Blind Welfare Service which became a City Council responsibility over forty years ago (in 1927). The special sub-committee appointed to consider the contents of the Report will, no doubt, wish to await news of the government's intentions before finishing its recommendations. The year also saw the death of perhaps the most widely known blind person—Helen Keller.

EMPLOYMENT AND TRAINING

The National Joint Council for Workshops for the Blind which was set up in 1964 has now issued the Scheme of Conditions of Service applicable to workers covered by this Council.

The Sheffield scheme of payments to blind workshops employees at 1st January, 1969, was as follows:—

(i) The basic rate for qualified blind male workshop employees was £14/5/0 (those qualified for the service supplement receive £14/12/0) and the rate for qualified females was 75% of this rate, viz:—£10/13/9 per week (with the service supplement £10/19/0).

(ii) The standard working week is five days—40 hours for males and 35 hours for females.

(iii) The qualifying earnings figures are subject to revision from time to time as required. At present these are:—

	£	s.	d.
Males			
Brush pan hands	4	2	5
Brush drawn hands	3	6	3
Basket department	4	14	5
Mat department	5	14	5
Boot department	3	4	6
Females			
Caning and seagrass seating workers	2	7	2
Round machine (also netting)	1	6	11
Light basket work	1	0	0

(iv) Workers' earnings are reviewed at six-monthly intervals; special reports are presented of those operatives who do not qualify in accordance with the foregoing scheme. The Health and Welfare Committee deals with these cases on their merits.

The working party set up at national level to review the current arrangements for training blind persons for industrial employment under ordinary conditions had not reported at the year end.

The investigation undertaken by Industrial Advisers to the Blind Ltd., into the existing work carried out at the Sharrow Lane workshops has been completed and a Special Sub-Committee of the Health and Welfare Committee is considering the Reports with a view to reorganisation of production. It has been necessary, however, to make an early decision on one important matter—the future of the saleshop, which will be closing when the current lease expires in September, 1969. Steps are now being taken to find other outlets for the produce of the workshops at present disposed of through the saleshop.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last four years:—

Year ended 31st March	*Productive Wages* £	*Gross Sales* £	*Less Purchase Tax* £	*Total Net Sales* £	*Gross Profit* £
1965	11,549	42,560	1,188	41,362	9,721
1966	11,915	40,988	1,325	39,663	9,775
1967	11,960	40,243	1,352	38,891	9,173
1968	13,162	39,318	1,405	37,913	7,728

The year ended with trade difficult for the men in the brush department on bass work and for the basket makers.

One item of special interest affecting employment deserves mention. Opportunities for careers as computer programmers have now become available for blind people of good intelligence and logical mind. A local female blind person successfully completed a training course during the year and has now taken up an appointment with a well known steel company.

The number of blind persons employed in the workshops at the 31st December, 1968 is shown in the table below.

Area	*Administration and miscellaneous*	*Men's Department*				*Women's Department*	*Total*
		Basket	*Boot*	*Brush*	*Mat*		
Sheffield	2	6	5	12	10	5	40
Doncaster	—	1	—	—	—	—	1
Rotherham	—	1	—	4	—	1	6
West Riding of Yorkshire	—	1	—	2	3	—	6
Derbyshire	—	—	—	1	—	1	2
TOTALS	2	9	5	19	13	7	55

There are still two severely disabled sighted workers, one in the brush department, while the other is employed as assistant in the women's department. At the end of the year there was one trainee, a Sheffield case.

There were two blind persons employed locally as home workers, one a male piano tuner and the other a female music teacher.

The arrangements for placing the blind in open employment continue to work satisfactorily and 56 local blind persons are so employed. Six persons were newly employed in open industry during the year and eight left in the same period.

GENERAL SOCIAL WELFARE

In 1968, 3,464 visits were paid to blind persons and 1,010 visits to partially-sighted persons against 3,701 and 942 respectively in 1967 and 181 individual lessons were given to both groups against 186 in the previous year.

The Committee has continued its grant to the National Library for the Blind which issued 4,044 volumes to Sheffield readers in the year ending March 31st, 1969 against 4,532 for the previous twelve months.

Last year a local Mobility Training Committee, authorised the appointment of a Mobility Officer to give instruction in the 'Long Cane Technique,' a venture in which the costs are being equally shared between the Royal Sheffield Institution for the Blind and the Authority. The officer has satisfactorily completed his course and has started to give regular instruction to local blind persons.

The regular activities for blind persons—the weekly Wednesday morning handicraft class for men, the weekly Wednesday afternoon class for women, and the fortnightly class for the deaf-blind—have continued as in previous years together with the district social centre half day meetings which are held fortnightly at Broomhall Welfare Centre, Sharrow Lane, Darnall Labour Hall and Hillsborough Trinity Methodist Church.

At December 31st, 1968, 662 blind persons and 32 partially-sighted persons held free travel passes and 14 permits were on issue to blind persons to enable them to carry their guide dogs free on Corporation buses.

Holiday grants were again given to blind and partially-sighted persons who satisfied the conditions laid down and in the case of blind persons they received an additional grant from the Royal Sheffield Institution for the Blind.

The chiropody treatment scheme which has been available to blind persons since 1943 has continued, chiropodists in private practice being still used for this service. At 31st December, 1968, 223 blind persons were receiving treatment against 201 a year previously. In all 23 chiropodists were used and 2,014 treatments given. Partially-sighted persons needing treatment are dealt with under the department's general service for the elderly and handicapped.

The Department has employed a full-time wireless mechanic since 1947, to service the sets received from the British Wireless for the Blind Fund. 513 of these sets were in use at the end of the year, while maintenance was also carried out on 58 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale; those in full-time employment pay full cost. During the year 106 sets were returned to the department owing to deaths or receiver defects. 50 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below:—

	1967	1968
Service visits paid	431	467
Repairs carried out at the workshops	151	149
Sets issued to blind persons for first time	86	63
Sets issued for replacement purposes	35	40

This service also covers certain persons on the partially-sighted register, and 37 gift sets which have been allocated are being maintained by the mechanic; 14 were issued during the period under review.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The purpose of this Committee, formed in 1948, is to co-ordinate the welfare services of the Royal Sheffield Institution for the Blind and this Department. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1968, were again Cleethorpes and Derbyshire (Buxton and Matlock).

WELFARE OF HANDICAPPED PERSONS SERVICE

(General Classes)

By Frada Eskin, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G.,
Senior Medical Officer

"I am recovering and picking up my crumbs apace"
James Howell

This service, which has been in existence since 1952, is concerned in general with the total needs of the physically disabled adult in the community. Certain physical defects such as congenital or early acquired blindness and deafness, require the services of specialist staff during infancy and childhood, but the majority of registered persons are not seen before the age of 16.

The problems facing a person with any physical handicap depend on many variables, including age of onset, type of disability, family support and inherent personality. All these points are considered when we are asked to give aid, and one of the most useful and progressive developments within the service has been the realisation of the importance of considering a person within his or her family network, and not as an isolated unit.

All persons requesting help must be registerable as physically disabled before aid can be given. Again the degree of disability depends on many factors other than the actual physical defect, and these factors are taken into consideration. At the end of 1968, there were 2,918 persons registered. Further details are given in the appendix, page 128.

The social workers are mainly concerned with individual casework and student training; while the technical officers are occupied with adaptations to premises, aids for the disabled, and the work of the centres. However, these are not isolated units, and each endeavours to maintain a close liaison with the other in order that the service can provide the optimum amount of assistance for those who require it.

Referrals come from many sources, including health visitors, home nurses, general practitioners, medical social workers, hospital consultants, and the Department of Employment and Productivity, as well as other local authority departments, i.e. Housing, Social Care and Children's. Occasionally people are informed of the service available by neighbours and relatives, and at other times the press give helpful publicity. This is an important factor in bringing the service to the notice of the general public, since at present it is only possible to help those people who know where to seek help.

CENTRES

There are three types of centres available—(1) handicraft centres at Firth Park, Manor and Psalter Lane (2) social centres at Firth Park and Manor, and (3) a work centre at Sharrow Lane. Those attending the work centre are expected to do so on a five day week basis. Attendance at the other centres is limited to one or two days owing to limited space and staff. In principle the aim of centre attendance is to enable every person to investigate his or her own potential and to be able to take advantage of facilities not available in the home. In some cases it has been possible to restore self-confidence to the point of return to open employment, but this is not the main object of centre activity. A recent questionnaire completed by all persons attending centres indicated that for many, the most valuable part of the day at a centre was the opportunity afforded to them of meeting other people. Apart from this day out in the week, many are otherwise housebound and alone. All centres are full to capacity and each supervisor has a workload of approximately thirty persons.

Case Conferences.—During the year the system of selection case conferences and case discussions has been instituted, when cases are discussed and placed in the most suitable type of centre, taking into consideration age and disability. One of the most valuable adjuncts to the centre discussions has been the social worker's report which has proved most helpful when making decisions regarding placement. Regular case conferences at each centre give the supervisors a chance to discuss his or her problems with senior staff.

Participation.—It has been felt for some time that those persons who attend centres should be able to take a more active part in the organisation. Committees are formed for Christmas parties, but these have always become defunct immediately afterwards. Consideration has been given to the suggestion of permanent committees of centre members to be set up, and at one centre this has already started and is working well. In addition a centre newsletter has been started, and an enormous response has been received, with many competition entries, articles and reports of centre activities. Both these innovations indicate a desire for involvement by those who attend centres, and points the way to further developments in this sphere.

Transport.—Many persons are unable to attend centres owing to the fact that they are too handicapped to be ambulant. There is always a long waiting list for official transport, but a recent re-organisation on a more compact, geographical basis, has shortened the waiting list considerably. Regular register checks, and a more efficient method of keeping transport lists up to date should ensure that the numbers on the waiting list are kept to an absolute minimum in the future.

Social Centres.—A recent change at centres has been the integration of the blind and physically handicapped on those days which in the past have been exclusively for the blind. There are certain activities which are enjoyed only by the blind, and those which cannot be enjoyed by them, but these are few and far between, and the advantages obtained from the formation of a mixed group far outweigh the disadvantages. On the whole this has been a successful venture. A choir has been formed and is already receiving bookings. Theatre and cinema outings have been organised and many other activities have been enjoyed since the re-organisation.

YOUNG PERSONS' UNIT

This was formed in 1967 at Sharrow Lane to cater for boys and girls between the ages of 16 and 25, who were unable to find suitable employment, or who had lost jobs owing to their disabilities. This group has grown considerably, and has now developed to an optimum size within the limitations of premises available. Activities consist mainly of handicrafts and production outwork, and there is a continual assessment of progress on each individual.

The variety of disabilities encountered requires a considerable amount of individual attention by the supervisors, who continually aid and encourage the group to greater efforts. Many of these boys and girls have never had any opportunity to mix socially or to work in a group, and the main aim is to broaden the horizons of these young people in all aspects, including social activities and interpersonal communications. During the latter part of the year the Education Authority gave permission for the day-time use of the Hyde Park Youth Centre, and every Wednesday the whole of the group, including the supervisors, go to the Youth Club for the afternoon. Here they take part in activities which vary from badminton to darts, hairdressing and community singing. Senior pupils from several schools in the City join them during the afternoon, and this opportunity to mix with physically able young people gives those who are handicapped enormous confidence in their ability to integrate within the community.

ADAPTATIONS TO PREMISES AND AIDS FOR THE DISABLED

In the ten year period, 1958/68, the numbers of adaptations to premises has increased fivefold. The addition of a second technical member of staff has been of considerable benefit but, as a request for adaptation often necessitates two or more visits, it is of credit to the staff that requests are dealt with so promptly.

The aid most frequently supplied is the bath seat. This is a simple device made in the Sharrow Lane workshop, which allows many people who would otherwise be dependent on others for bathing, to see to their own needs. As the aim is to give a disabled person a maximum amount of independence, it is gratifying to feel that such a simple device as a bath seat can go a long way to achieving this aim in so many cases. The number of bath seats fitted in 1968 amounted to 450. Other devices which have proved popular are toilet seats and frames, stocking aids and bath handrails. The ingenuity of the technical staff was called upon more than once during the year to invent some particular device to help in a problem peculiar to one or other persons requesting aid, and they have invariably been able to provide a successful solution.

The following alterations and adaptations were carried out at a cost of £3,664.

(*a*)	Provision of handrails to steps and stairs	193
(*b*)	Provision of gateways at top of stairs	2
(*c*)	Provision and fixing French windows	2
(*d*)	Providing wash basin	1
(*e*)	Providing wall can opener	1
(*f*)	Replacing up and over doors on garage	1
(*g*)	Erecting fencing at side of house	1
(*h*)	Provision of electric points in garages	7
(*i*)	Re-hanging doors	3
(*j*)	Provision of lever type handles	2
(*k*)	Construction of concrete driveways for motor chairs	2
(*l*)	Constructing pavement crossover	2
(*m*)	Construction of garage bases	5
(*n*)	Provision of handgrips	4
(*o*)	Construction of pathways to houses	9
(*p*)	Construction of concrete platforms	2
(*q*)	Re-siting water storage tank	1
(*r*)	Removing bath handle	1
(*s*)	Provision of bath handles	2
(*t*)	Provision of sliding doors	4
(*u*)	Providing downstairs w.c.	4
	TOTAL	249

SOCIAL WORK

With the impending arrival of the Seebohm Report, and with the whole future of social work organisation in a state of flux, it has been a time of hopeful anxiety for all social workers, not least those at present having a special responsibility for the handicapped. Knowing that major changes are likely to occur in the foreseeable future is not conducive to a comfortable working atmosphere, but despite this, social work staff have coped more than adequately during the year. Although the Seebohm Report specificially mentions the Welfare of the Physically Handicapped—"We are clear that services for the physically handicapped, no less than services for other groups, are in urgent need of development . . . . . ," there has been some anxiety that, within the unified Social Service Department, sufficient provision might not be made for this important area of community work. However, the ultimate outcome of the Report has yet to be decided, and the staff is well aware that this is a critical time for the whole of the activities at present carried out for the handicapped within the framework of the Public Health Department.

During the year there have been few major changes or developments, but there have been several staff changes. Three new social workers, all professionally qualified, have been appointed to replace three who left—one to take a course in psychiatric social work, one to a higher post in the Social Care Department and one who accompanied her husband out of Sheffield. The Department also lost a trainee social worker, who decided to enter another field of work, but a new trainee was appointed in her place. Mr. Dean, Senior Social Welfare Officer, returned in July, after finishing a Certificate in Social Work course. Two members of the social work staff are still away completing professional social work courses in Sheffield.

An important aspect of a social work agency is that of student replacement. During the year 21 students were accepted from various sources:—

College of Deaf Welfare and Social Studies	2
North Regional Association for the Blind	2
Certificate in Social Work—Sheffield Polytechnic	5
Child Care Course—Sheffield	2
Sheffield University—Basic Social Studies	1
Applied Social Studies	1
Other Universities	3
Medical Social Workers	3
Health Visitors	2

Among the overseas visitors was a lecturer in social work from Turkey. The company of people from other countries always stimulates thought and discussion, and it is hoped that this will occur more often in the future.

The presence since September, 1967 of a designated Training Officer concerned specifically with student supervision, facilitates placement of students within the service, and serves to enhance our status as a social work agency. Students are always an asset as their presence provides intellectual stimulation, and promotes a certain amount of constructive conflict which helps to dispel any possible stagnation among the qualified, professional members of staff.

An interesting development in training, which has also served to increase the liaison between departments, has been the formation this year of an in-service joint training group. This has been formed in conjunction with the Training Officer of the Social Care Department, and includes trainee social workers, and welfare assistants from the Welfare of Handicapped Persons' section, Social Care Department, Children's Department and the Royal Hospital.

Social work for the blind has, until recently, been treated as a separate branch of work within the section. However, the general trend in the country is towards integration, as it is recognised that the social problems of the blind person in the community are little different from those of other handicapped persons. There are seven social workers concerned solely with blind welfare, and these are still known as home teachers for the blind. In addition, one social worker concerns himself with work both for blind and physically handicapped persons. Two home teachers are at present away on professional social work courses, but will return on completion of training and, although their special knowledge of the blind will help them to work in this field, they will also be fully qualified to work with other handicapped persons requiring their service.

Social work is mainly concerned with individual relationships. However, it is felt that members of the team should concern themselves with all aspects of the service, and during the year some social work staff did become involved in activities at the centres. Others may not see this as part of their work, and the matter requires careful thought when decisions are made regarding the implementation of the Seebohm Report.

THE WELFARE OF THE DEAF AND HARD OF HEARING

The problems of the deaf in a 'hearing world' are manifold and in many instances peculiar to the disability. Communication is difficult and in some cases impossible unless a person trained in deaf communication is available. The importance of establishing early contact between the deaf and the social worker with special knowledge of this disability cannot be stressed too often. An excellent liaison exists between the social workers and the pre-school audiology clinic, so that contact is made at a very early age and many difficulties avoided thereby. This is not a branch of work that is popular among social workers, possibly because of the specialised knowledge required. As actors prefer not to be typecast, so members of other professions often prefer general to specialised accomplishments. However, we are fortunate in having several social workers who are interested in this field.

Numbers on the register at the end of 1968 were:—

Deaf with speech	216
Deaf without speech	251
Hard of hearing	180
TOTAL	647

SHEFFIELD ASSOCIATION IN AID OF THE ADULT DEAF AND DUMB

Once again the Trustees of this Association have made available a large grant, and this has been put to good use. It is gratifying to feel that there is such an organisation in Sheffield which has the welfare of the deaf at heart.

PUBLIC HEALTH INSPECTION

"And one man in his time plays many parts"
William Shakespeare (As You Like It)

The work proceeded normally during the year but the issue, by the Department of Health, of the Green Paper on the National Health Service and the production of the Seebohm Report inevitably gave rise to speculation as to the future. By and large environmental health work would seem to be a matter for local authorities—unless, of course, the meaning of environment can be extended without bounds.

A small area taken over from the Wortley Rural District Council in 1967 has been sewered and the drainage systems of certain properties connected, thus removing some pollution from the Hartley Brook. Work on 'houses in multiple occupation' has continued, absorbing many man hours, whilst towards the end of the year the public health inspectors were assisting in enquiries regarding child-minders, as Section 60 of the Health Services and Public Health Act, 1968, had extended the conditions for registration. The Rent Act, 1968, came into force but it does not seem to have altered the procedure with regard to the issuing of Certificates of Disrepair—a field where some lessening of the involved procedure could be beneficial.

The number of public health inspectors is still below establishment, although one inspector left Sheffield and two joined the department. Technical assistants are continuing to give useful help. Details of the work done, and details of complaints, enquiries and correspondence received, are shown in summary form on page 129.

Animal Welfare.—Twelve premises in the City are licensed as boarding establishments where cats and dogs may be left when their owners are unable to look after them on account of sickness or absence from home. Three premises are licensed in compliance with the Riding Establishments Act, 1964 and there are 23 pet shops licensed under the Pet Animals Act, 1951.

The public health inspector has responsibilities in respect of the fitness and reasonable up-keep of the premises and fixtures, and all examinations made during the year showed that the standards laid down in the relevant Acts were being observed.

Canal Boats.—Visits were paid to the canal by the inspectors to ensure that there was compliance with the requirements of the Public Health Act, 1936, and Canal Boats Regulations. Details of the visits are shown on page 132.

Caravans.—There are now four licensed sites in the City, being one site with 30 caravans (used for weekends and holidays only), two single caravan sites (with limited planning approval), and one site having two permanent caravans and 12 weekend and holiday caravans (with limited planning approval).

The largest site, for 30 caravans, is situated on the east side of Rivelin Valley in an area being developed by the City Council to a considerable extent for recreation purposes. It would seem that this caravan site, with its emphasis on weekend and holiday use, fits well into the pattern of a recreation area and could play a greater part in this development with suitable treatment from the planning and facilities aspect.

There appears to be scope for development of the site itself, not only to enable a greater number of caravans to be accommodated but also to permit use by a limited number of campers using the larger sizes of tents with their accompanying highly developed equipment. Such an expansion of facilities would seem to fit in with national policy concerning recreational use of land for both British and foreign tourists.

Common Lodging Houses.—There is now only one common lodging house in the City, which has accommodation for a small number of male lodgers. Visits were made during the year, and inspections for cleanliness and the possible presence of vermin confirmed that the premises were being maintained in a fair condition.

Disinfestation.—774 requests were received during the year for the eradication of insects, approximately one-third being bugs, one-third cockroaches and the remainder fleas, silverfish, steam flies and field insects. In addition, visits were paid to 7,098 premises where infestation was suspected, and it was necessary to issue 27 informal notices for filthy or verminous premises, but only one formal notice was served. 89 requests were received for the destruction of filthy or verminous articles, which was almost double the number for the previous year. The increase appears to be due to the relatives of deceased elderly persons preferring the destruction of bedding where there is a doubt about its cleanliness. 4,306 houses were inspected on behalf of the Housing Department in connection with tenancy transfers and rehousing, but only 69 were found to be verminous and sprayed with D.D.T.

Factories.—The City Council's register of factories contains particulars of 95 factories where no mechanical power is used, and 2,595 factories using mechanical power. In the last few years there has been a steady decline in the number of factories where no power is used, but the number using mechanical power remains in the region of 2,600. A table giving the particulars required by Section 153(1) of the Factories Act, 1961, together with an analysis of the defects found and the action taken, is shown on page 135.

Outworkers, as specified in Section 133 of the Act, almost have ceased to be employed in the City since only one employer, a tailoring firm, sent in returns.

Food Hygiene.—Changes in the feeding habits of the public which could increase the spread of gastro-intestinal infections are of considerable interest. It was, of course, the increase in the incidence of food poisoning after the war, due largely to many more people taking meals away from home in restaurants, canteens and schools, which resulted in the Government of the day introducing the first Food Hygiene legislation.

In recent years we have seen an increased interest in hot-dogs and hamburgers, usually retailed from vehicles and stalls in the streets and at places of entertainment, e.g. fetes, garden parties, dances, cinemas, etc. New housing estates provide a 'Mecca' for the mobile grocer, butcher, etc. The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, give powers to local authorities to enforce good hygienic practices where open food is sold from market stalls and from stalls and vehicles elsewhere than in a market. These provisions are excellent, but much time is lost finding the 'mobiles,' quite a number of whom have their homes, depots, or headquarters outside the City boundary. Wet fish for instance, is sold in the City by a retailer who drives 75 miles from his place of residence. Has the time come for registration of the itinerant open food vendor in the local authority districts in which he sells, together with prior approval of his vehicle and equipment by the health authority of the district in which he is resident?

There is a growing demand, in these days of 'breathalysers,' for food as well as drink to be served in public houses. Cold pies and sandwiches are no longer popular and sausage rolls, meat pies, chicken pieces, and the like are served up *hot*—we hope! How many landlords are aware of the danger of incubating food poisoning organisms when re-heating meat and meat products? The modern fish and chip shop, these days, has a menu equivalent to a 'five star' hotel!—several kinds of fish, scampi, meat pies (various), steaks, chicken halves or pieces, and numerous exotic oriental dishes. All these can be taken away for consumption elsewhere. Regulation 25 which lays down the temperature at which certain protein foods, such as meats and poultry, must be kept, does not apply, since such premises are not a "catering business" as defined in the Regulations. Surely there is no problem in introducing amending legislation which makes Regulation 25 applicable to all meats, etc. which are heated immediately before sale to the public.

Recent investigations of large-scale outbreaks of food poisoning in Lancashire and Cheshire due to eating infected chicken, revealed that the causative organism (*salm. virchow*) could be traced back to the hatchery. Until the farms can ensure supplies of infection-free poultry, sterilisation by cooking through to the centre of the carcase is of vital importance, and must be the aim of all those in the broiler industry distributing ever-increasing quantities of frozen roast chickens for re-heating in the home, in the fish and chip shop or restaurant.

98 cases of food poisoning were confirmed in the City during 1968 and 967 visits of investigation were made to homes, restaurants, canteens, etc.

During the year legal proceedings involving 15 offences and two premises, one a wholesale grocers, the other a restaurant, resulted in fines totalling £240. The restaurant owner who was fined £220 appealed unsuccessfully against the severity of the fines.

Details of food premises subject to the Food Hygiene (General) Regulations, 1960, and grouped in the categories of trades carried on in them are shown in the appendix page 136.

Houses in Multiple Occupation.—Within the limits of the staff available, enforcement action continued under the Housing Acts, 1961—1964 and in the appendix (page 132) is set out statistically work accomplished since 1962.

Improvement Areas.—During the year the City Council declared two compulsory improvement areas (Norton Lees Extension and Greystones Extension) bringing the total number of areas declared to seven. Three more areas, Darnall, Walkley and Hinde House Extension have been selected and surveys of these areas were nearing completion by the end of the year.

The White Paper entitled 'Old Houses into New Homes,' which was issued by the Ministry of Housing and Local Government, suggests a number of changes in connection with improvement grants and also refers to the problem of the improvement of environment. It proposes the repeal of the present powers of compulsory improvement and the substitution of general improvement areas in which houses can be improved by the owners with the help of grants, whilst local authorities would have power to buy houses suitable for improvement and conversion and clear unfit houses which stood in the way of the improvement of the area. In addition it is proposed to give an exchequer grant towards the cost of approved expenditure on works and purchases of land for improvement of environment of up to 50% of the approved cost, but subject to a limit of £100 per house in the area.

Improving environment without the aid of exchequer grants or the necessary powers poses an intractable problem, and officials of the Ministry have studied the schemes being carried out in Sheffield by way of redevelopment units and master plans. The proposed general improvement areas will assist, it is hoped, in the implementation of such schemes, and the financial aid proposed will go some way towards the cost. Until the full details of the new legislation are known, however, it will not be possible to come to any final decision.

During the year an appeal was lodged in Sheffield County Court against the City Council's inclusion, in proposed amenity improvements for a small number of 30 year old houses, of the provision of waterclosets entered from within the structure, as there were existing waterclosets which were entered from outside the structure. Because of the unsatisfactory wording of the relevant legislation, and its interpretation by the judge, the appeal was granted. A report of the circumstances of the case was sent to the Ministry and it is hoped that opportunity will be taken to introduce amending legislation to remove the anomaly.

Improvement Grants.—Applications continued to increase for both discretionary and standard grants, and a table showing the position up to the end of December, 1968, is shown below:—

Improvement Grants dealt with from the Introduction of the Scheme up to the 31st December, 1968

No. of Enquiries	*Formal Applications Received*	*Applications Approved*	*No. of Grants Paid*	*Amount of Grants Paid*
Discretionary Grants:				
5,094	985	922	788	£215,990
Standard Grants:				
16,700	9,122	7,981	6,665	£713,156
21,794	10,107	8,903	7,453	£929,146

Offensive Trades.—There are ten premises in the City used for the purpose of offensive trades, seven less than in the previous year.

The trades being carried on during 1968 were:—

Tripe boiling	3
Fat melting and tripe boiling	3
Rag collecting and sorting	1
Fat and bone collecting	1
Gut scraping	1
Rabbit skin dealing	1

Offices, Shops and Railway Premises Act, 1963.—The initial urgency which was associated with this Act in the earlier days has settled down to a more routine procedure and this tendency, common to many similar measures, is indicated in the gradual reduction in the total number of visits by inspectors over the last three years to registered premises. These were 15,932 in 1966; 11,836 in 1967 and 7,135 in 1968. As the total number of registered premises is now 5,998 it would appear that the number of inspections made (including general inspections) can be considered very satisfactory. Included in this total are eight railway premises for which the local authority are the enforcing authority and all have received at least one visit.

It is becoming possible to deal with problems arising under the Act with a greater ease and with the reasonable assumption that occupiers, owners and employees now have some knowledge and experience of the requirements of the Act and the duties imposed. It also means that, in general, there is a wider acceptance of the provisions of the Act and less initial resistance to compliance with its provisions.

Whilst there is some reduction in the time spent on this work, this is not as great as might have been expected, in that general inspections for newly-registered premises are, of course, now more scattered, and the work of enforcement of requirements in the case of reluctant occupiers is time-consuming. It seems that the number of prosecutions undertaken by authorities to enforce the Act is comparatively small but there are still however, a few 'hard nuts' where opposition is met with, although these stand out because they are exceptions. It is nevertheless surprising that otherwise progressive firms seek to avoid the comparatively small expenditure involved in providing amenities, such as hot water and washing facilities for their staff.

An interesting and successful prosecution was taken during the year under Section 16(2) which covers a staircase having two open sides and no handrails. Four concrete steps were part of a gangway giving access between two warehouses, each at first floor level. The stairs and gangway, with a ten foot drop to a yard on one side and a two foot drop to a glass roof on the other side, had no handrails. The existence of the four steps enabled proceedings to be taken which otherwise would not have been possible. This seems to indicate a considerable weakness in the Act, as the unguarded gangway in this case was the most dangerous part of the premises.

Accidents.—During the year, there was a total of 179 reported accidents, and of this number 62 were found to be due to falls involving stairs, ladders and slippery floors. It still seems certain that all accidents are not being reported and publicity is still necessary. The arrangement of talks by local safety organisations and through Trade Unions could well contribute to a wider appreciation of the terms of the Act.

Prosecutions.—During the year, fines imposed totalled £233—the largest being £97 in proceedings involving a retail shop. Penalties relating to a single offence varied from £1 to £30.

Pleasure Fairs.—Thirteen applications were received to hold fairs during the year. As three of these were in relation to Ancient Feasts, no consent was required to comply with the Sheffield Corporation Act, 1928. In the remaining ten cases permission was granted by the City Council for the fairs to be held.

Public Swimming Baths.—Recent re-organisation of committee and departmental responsibilities has resulted in the transfer of management of all public swimming baths to the newly created Recreation Department.

There are eleven indoor public swimming baths, four of which are on school premises and two open air baths situated in public parks. At the time of writing, it is pleasing to report that work proceeds on the re-construction of the Millhouses open air bath which has for many years been a source of concern. The new bath will be considerably smaller, laid out as a lido, and will be brought up to the standard of other Corporation baths.

In addition to the public baths there are therapeutic swimming baths at three hospitals in the City, and two private schools have swimming baths (one being open air). All these baths are on mains water (closed circuit), and fitted with pressure filters and automatic chlorination.

Regular daily testing and recording is carried out at each bath by the bath manager and in addition public health inspectors make bath-side checks and submit bath water samples to the Public Health Laboratory from time to time.

No. of swimming bath water samples submitted for bacteriological analysis	38
No of bath-side orthotolidine tests made	33

All samples were reported satisfactory apart from one which contained B.Coli. This was found to be due to a chlorine injector breakdown which was rectified immediately.

Rag Flock and Other Filling Materials Act, 1951.—At the end of the year there were 13 premises registered under Section 2 of the Act, two less than in the previous year. No licences were issued in respect of premises used for the manufacture or storage of rag flock.

Rehousing of Priority Cases.—During the year 1,114 applications were received for priority rehousing. These came from general practitioners, social workers, hospitals and private individuals—some were from other Corporation departments, including the Housing Department, from Members of the Council and Members of Parliament.

These cases were concerned with infirmity, old age and a variety of medical conditions, including nervous and mental disorders, heart and chest conditions, limb amputations, blindness, post-operative complications and postnatal problems; there were also some in respect of overcrowding and alleged overcrowding, unsuitable housing conditions and domestic hardship and some related to requests for transfer involving the movement of Corporation tenants to other Corporation dwellings.

Apart from transfers from one Corporation dwelling to another, all applications were in the first instance investigated by a public health inspector and, where necessary, subsequently visited by the Deputy Medical Officer of Health and a Superintendent Public Health Inspector who together made 304 visits.

As applications for transfer of Corporation tenants are normally first investigated by a housing welfare officer, it was not necessary in every instance to make a further visit and an assessment can often be made after consideration of the medical and other information already obtained; however, 194 of the cases were visited by the Medical Officer of Health.

Each case received careful consideration—having in mind personal needs of the case, family circumstances and the type of accommodation required—and a total of 293 was recommended for priority rehousing; in addition 279 Corporation tenants were recommended priority.

Below is shown the manner in which applications for priority rehousing were dealt with:—

Type of case	*Number of Applications received*	*Number Recommended*	*Number not Recommended*
On medical grounds	658	286	372
Overcrowding or alleged overcrowding ...	85	7	78
Poor or unsuitable housing conditions ...	22	—	22
Transfers of Corporation tenants referred by the Housing Manager	349	279	70
TOTALS ...	1,114	572	542

The number of applications from tenants of Corporation houses for transfer was 89 more than during 1967, but the number of cases not involving transfer was 18 less than in 1967; during the year 296 cases were rehoused into more suitable accommodation.

Thanks are due to the Housing Committee and the Housing Manager for their help and consideration in dealing with the cases recommended.

Rent Act, 1968.—This Act came into force in June, 1968 and consolidated the Rent and Mortgage Interest Restriction Acts 1920—39, the Furnished Houses (Rent Control) Act, 1946, the Landlord and Tenant (Rent Control) Act, 1949, and repealed Part II of the Housing Repairs and Rents Act, 1954, the Rent Act, 1957 (except Section 16), the Rent Act, 1965 (except Part III) and other related enactments.

The re-enactment of those provisions of the Rent Act, 1957, which relate to the issue to tenants by the local authority of Certificates of Disrepair in respect of controlled tenancies where rent increases were proposed, does not appear to have changed the general public's disenchantment with those provisions, which, from the tenant's point of view, were found to be particularly onerous and cumbersome. It is feared that these intricate procedures did not achieve much for the tenant. He was responsible for serving a notice on the landlord listing the defective state of the house, and if an official undertaking was received from the landlord, after waiting six months and providing the defects were not remedied, he could apply to the local authority on the appropriate form for a Certificate of Disrepair. Only when the latter came to hand could the tenant withhold the rent increase in respect of the repairs. Should the defects be remedied at any stage then the whole legal procedures were repeated when the house again needed repair and the tenant wished to exact his legal rights.

There is no wonder that the rush of applications in the first six months after the passing of the 1957 Act—which amounted to some 1,300—quickly reduced to a trickle in recent years and in the year under review amounted to one application only.

It is, however, encouraging to know that the Government are aware of the need for more comprehensive legislation to deal with repairs to dwellinghouses. The White Paper 'Old Houses into New Homes' envisages new powers to local authorities not only to bring about improvements in privately owned dwellinghouses but also to secure the repair of those houses to a standard which is "reasonable having regard to the age, character and location."

Sewerage and Sewage Disposal.—The following brief account of the arrangements for sewerage and sewage disposal in the City is based upon information supplied by the City Engineer and by the General Manager of the Sewage Disposal Works:—

"The City's sewerage system is adequate in general but the main outfall sewers now are some eighty years old and require enlargement or duplication. The Sussex Road sewer diversion, referred to last year, has been completed and a small team is engaged on assessing flows in the main outfall sewers with a view to the preparation of a relief system. Capital works now under construction are:—(1) Darnall Road Relief Sewer £100,000; (2) Matilda Street Sewer £19,940; (3) Gleadless Road Surface Water Sewer £10,600. Revenue Works will amount to about £38,000 of which some £14,000 is in respect of the reconstruction of sewers in Carsick Hill Crescent and Carsick Way. In addition some £66,000 will have been spent on sewer maintenance and cleansing."

"The sewage purification system for Sheffield is reasonably adequate but is being steadily improved in various ways. Modernisation proceeds particularly under the Blackburn Meadows Sewage Works Reconstruction and Phase IV (Sludge Incineration Plant) which was commisioned at the end of the year. The six sewage works in the Rother Valley drainage area, including the four taken over in the revision of the City boundary, are reasonably satisfactory but the proposed development of this area will necessitate closure of some works and considerable enlargement of others."

NOISE ABATEMENT

Responsibility for the investigation of noise nuisance is shared between the inspectorial staff in the Clean Air section (who deal with industrial noise complaints) and the public health inspectors (who deal with non-industrial noise complaints).

Industrial Noise.—81 complaints were received during 1968 concerning excessive noise emanating from industrial and commercial premises but, although every complaint was investigated, it was not found necessary to take legal action. Numerous complaints were made of noise emitted by dust collecting plant, extractor fans and air compressors, and all were dealt with satisfactorily either by the fitting of suitable silencers or by the alteration of the position of the vents serving the offending plant.

Pneumatic drills continue to give rise to many complaints. In a number of cases the contractors supply the mufflers required but the operators are reluctant to use them. The number of complaints made is decreasing and it is hoped that in the course of time such drills will cease to be a serious cause of nuisance.

There are still a good many houses situated close to heavy industry and this gives rise to complaints of excessive noise; the number of complaints is decreasing as slum clearance work progresses but, for those who remain, little can be done to minimise the nuisance, apart from the careful manipulation of plant and machinery.

Non-Industrial Noise.—70 complaints were received in the public health inspectorial section during the year and all were investigated. No legal actions were taken and, as in the previous year, some complaints were proved to be ill-founded, whilst others were the result of disagreement between neighbours arising from other causes. Noise from a youth club which had given cause for complaint in the past appears to have been reduced, probably due to the efforts made by the persons managing the club.

Complaints of non-industrial noise appear to be fewer in number, and this may be due more to the existence of the Noise Abatement Act as a deterrent than to action taken under the Act. Another factor is that when licences are granted for places of entertainment, the potential noise factor is taken into consideration; also the use of town planning powers can play, and is playing, a considerable part in gradually reducing noise problems to a minimum. A greater degree of co-operation has developed in Sheffield among inspectors, planners and members of the public, together with the police, and such co-operation can be commended to those authorities which do not take advantage of it at present.

WATER SUPPLY

"I never drink water. I have a constitution of iron . . . . "

André L. Simon

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Water Department, whose co-operation is much appreciated:

"The water supply provided by the Corporation to the City and district has been satisfactory in quality and quantity throughout the year. A direct piped supply is furnished to a population of 492,991 in 176,034 dwellinghouses.

Most of the water supplied to Sheffield is derived from moorland gathering grounds within a 15 miles radius of the City centre. It is filtered and chlorinated at source and lime is added to prevent plumbo-solvent action. The moorland sources are augmented by water from the Yorkshire Derwent Scheme in which water is extracted from the River Derwent at Elvington near York. This water is softened, chlorinated and filtered before being piped to supply the eastern parts of the City.

Average results of chemical analyses of raw and treated waters and a summary of the results of bacteriological examination of raw and treated waters are shown on page 137.

The Undertaking exercises control over the entire watershed of its moorland water sources by prohibiting developments which might contaminate the reservoir feeders. It also provides a service to all properties in the areas concerned for the emptying of cesspools and the removal of night-soil.

During the year, 163 samples from consumers' taps were examined for lead; 162 of these were satisfactory (lead content less than 0.02 ppm). One sample contained 0·08 ppm but a re-sample was satisfactory."

RODENT CONTROL

"There wasn't room to swing a cat there"
Charles Dickens (David Copperfield)

The Rodent Control section continued to eradicate rodent pests from buildings, lands, sewers, rivers and watercourses and to reduce the number of pigeons.

Sewer Disinfestation.—Rodent control in the public sewers has been carried out using fluoracetamide following upon a test bait with sewer warfarin. Early in the year, 4,368 manholes on the sewer systems in the built up areas of the City were test baited and infestation was found at only seven of the manholes. Fluoracetamide was applied to these infested manholes and associated manholes totalling 40, on four occasions at intervals of three months.

A pilot test was carried out during December, 1967 in connection with the sewer systems in some of the outlying and less congested areas; one in every ten of sewer manholes was test baited revealing infestation at only two manholes in a total of 810 tested. Fluoracetamide was applied to the infested manholes and associated manholes totalling 20, on three occasions at three monthly intervals. Further test baiting at 811 manholes in the same sewer systems was carried out during December, 1968 but there was no evidence of rat infestation at any of the manholes.

Investigations were carried out in the sewer systems of other parts of the outlying and less congested areas when test bait was applied to ten per cent. of the manholes but no rat infestation was found at any of the 244 manholes tested.

River and Watercourses Disinfestation.—Routine investigations were carried out three times during the year along the lengths of the Don, Sheaf, Porter, Rother, Loxley, Chapel Flat Dyke, Shirtcliffe Brook, Meers Brook, Shire Brook, Car Brook, Bageley Brook, Frazer Brook, Tongue Gutter and Hartley Brook Dyke. The Ochre Dyke, not previously dealt with, was brought within the scheme for investigation on one occasion. The treatment along rivers and watercourses is carried out by the use of sausage rusk as a bait, the poisons used being zinc phosphide and arsenious oxide; 10,055 baits were positioned and takes of bait were recorded at 1,012 of the baiting points.

Disinfestation of Buildings and Lands.—No charge is made to owners or occupiers of domestic premises but a charge is made in respect of the services of the rodent operatives at all other buildings and lands. There has been good co-operation with owners and occupiers regarding requests for investigation and treatment and also advice on preventive measures, and it has not been necessary to serve any formal notices under the provisions of the Prevention of Damage by Pests Act, 1949. The sealing of disused drains by agreement with owners or occupiers and also by requirements of notices served under the provisions of Section 29 of the Public Health Act, 1961, has continued throughout the year, and the necessary action has also been taken to clear up unsatisfactory conditions which could lead to infestation by rodents.

Applications and enquiries dealt with by the Rodent Control Service during the years 1966—1968 are given below, together with the numbers of baiting points positioned.

	Year 1966	*Year* 1967	*Year* 1968
Number of applications and enquiries dealt with (rat infestation)	1,843	1,781	1,809
Number of applications and enquiries dealt with (mice infestation)	1,011	1,421	1,584
Number of baiting points laid	31,808	42,067	48,410
Visits by rodent operatives *re* complaints of rats and mice	12,563	12,703	13,838

In 507 of the complaints investigated there was no evidence of rats, and in a further 236 instances takes of bait were exceedingly small and it would appear that many of these complaints arose because the odd rat had been seen crossing gardens or fields, probably to gain access to food supplies or its normal habitat. Similarly, following complaints of mice, it was found in 530 instances that either there was no evidence of mice, or the infestation was so small that it was not necessary to carry out the normal treatment methods and it was possible to clear up the infestation by a single poison bait application. This, however, does show that owners and occupiers generally are ready to call upon the services of the rodent control section on the slightest sign of rats or mice in or near their premises.

Pigeon Control.—During the year 2,605 pigeons were taken and humanely destroyed. Of these 2,055 were taken by traditional methods and 550 by the use of stupefying bait.

The total number of pigeons disposed of since 1959 now amounts to 17,940.

OSGATHORPE DISINFECTING STATION AND TRANSPORT REPAIR WORKSHOPS

By E. M. Lewis, M.I.R.T.E., A.M.I.M.I., A.M.B.I.M.,
Transport Officer and Disinfecting Station Superintendent

"I'll hammer it out"
William Shakespeare (King Richard II)

The Osgathorpe Station offers a full range of services for the cleansing of patients and the disinfection of clothing or bedding; it provides the department's main storage facilities, and is the major motor vehicle repair workshop. The station is ideally situated in private grounds about two miles from the City centre and it is functioning at or near capacity.

Disinfecting.—The two 'Manlove Alliot' autoclaves have been mainly used in the sterilisation of hospital equipment and bedding, and the bedding and personal effects of verminous and other cases treated in the unit. Extreme care has to be exercised in the identification of synthetic fabrics—man made fibres will not stand up to the high temperatures of normal disinfecting processes.

Disinfestation.—This service aims to eradicate such insects as bugs, beetles, cockroaches, crickets, flies, silver fish and steam fly, using the recommended insecticides.

General Stores.—The storage facilities meet the day to day needs of the department and, housed under one roof, offer a full service of receipt, delivery and maintenance of various commodities stocked.

Motor Vehicle Workshops.—The workshop and transport needs have grown very quickly over the last five years. In fact the ambulance and other public health services have expanded to a fleet of 105 vehicles. Briefly the fleet comprises ambulances, home nursing cars and general public health vehicles, which include those specially built in our own workshops for blind and physically handicapped adults and children. Some vehicles are fitted with hydraulic lifts and special ramps. All children's vehicles have safety belts built into the interior structure. Ten vehicles in daily use deliver the 'meals on wheels' requirements—at the moment averaging 580 meals per day.

The annual fleet mileage is approximately 1 million miles.

Safe Driving Awards.—Names of drivers were entered for the Royal Society for the Prevention of Accidents national safe driving competition with the following results:—

Oak leaf (10—19 years) (bar)	1
5 year medal (bar)	6
Diploma (1—4 years)	5

Organised Outings—Handicapped Persons.—A large number of handicapped persons including muscular dystrophy and multiple sclerosis sufferers were conveyed to seaside and countryside on organised outings during the year using the department's special vehicles. Several trips were organised to take handicapped persons including children, and patients from local hospitals round the City illuminations and shops at Christmas.

Statistics.—Details are given below of the treatment of verminous persons, disinfestation of premises and disinfection of articles undertaken during the year.

	Totals for 1968
Cleansing of verminous persons	40
Treatment of scabies	818
Bathing at home or station	90

Disinfestation for Insect Pests.—Number of premises disinfested for bugs, fleas, silver fish, steam fly, etc.

Corporation houses	454
Other Corporation premises	73
Private houses	248
Miscellaneous premises	66

Articles disinfected during the year (infectious diseases):—

Number of journeys from station to hospital and dwellings in connection with steam sterilisation of bedding, etc.	879
Number of items disinfected	2,430
Number of hessian sacks disinfected for export...	225
Number of dwellings (including beds and bedding of T.B. patients) sterilised...	128

HOUSING AND SLUM CLEARANCE

"We do not confess little faults except to insinuate that we have no great ones"

La Rochefoucauld (Maximes)

1968 marks the end of the first three year period of the accelerated clearance of unfit houses in the City. The target for the three years was 7,200 houses to be represented and, in fact, a total of 6,938 houses has been represented in the period. It is during 1968 that the fruits of the labours in 1966 and 1967 have finally been harvested and it is the houses represented during those two years which have been the subject of the Public Inquiries held during 1968.

The following table shows comparable statistics for the number of houses represented during the period 1964-1968 together with the number and percentage of objections received and the number of Public Inquiries held to deal with these objections:

Year	*No. of houses represented*	*No. of orders opposed*	*No. of houses in orders opposed*	*No. and % of houses subject to objection in opposed orders*	*No. of Public Inquiries held*
1963	526	—	—	—	—
1964	1,165	11	250	39 (15·6%)	4
1965	1,471	17	791	134 (16·9%)	9
1966	2,545	25	794	196 (24·6%)	13
1967	2,395	47	1,699	508 (29·9%)	11
1968	2,107	25	1,964	399 (20·3%)	10

During the year, the Minister confirmed 25 Clearance Orders and 31 Compulsory Purchase Orders containing 1,939 houses. 1,840 families had been re-housed and at 31st December, 1968 there was a total of 6,029 houses in the various stages of the administrative procedure.

In addition to the houses inspected for representation during the year, 533 houses, offered to the Corporation for purchase in advance of requirement, were also inspected and the Estates Surveyor was advised whether they were of a type likely to be represented as unfit for human habitation in the foreseeable future and the probable date of clearance. Various departments were given information on any slum clearance proposals likely to affect houses subject to enquiries for the following purposes:—

8,262	relating to supplementary information required regarding searches of the Land Charges register.
1,857	applications for Improvement Grants.
708	applications for mortgages
81	applications for planning permission for change in usage of premises.

The pattern of clearance of unfit houses has changed over the last few years. The large areas of back-to-back and single type houses in the City have been cleared, and the programme now includes large areas of houses of four or more rooms, which are generally 80 or more years old and are in the industrial valleys. There is no general pattern of housing in these areas and it is not unusual to find houses of greatly differing ages in the same streets and, sometimes, in the same terrace. The internal conditions in the dwellings vary with the tenancies. Many of the houses are occupied by house-proud owner-occupiers who have spared no expense in making poor dwellings into comfortable homes. Classification of the houses is now a more onerous task involving the careful inspection and evaluation of each individual house and requiring expert staff for the purpose.

The efforts of the Clearance Areas section may seem to have been inadequate during the year as only 2,107 houses have been represented against the target of 2,400. However, during the period 10 Public Inquiries have been held, involving 1,964 houses contained in 25 Orders and, of this total, 399 houses were the subject of objection on the grounds that they were not unfit for human habitation. It is interesting to note that only 25 of the houses subject to these Inquiries were represented in 1968 and that, at the end of the year, there was a substantial number of houses represented in 1967 which were still not dealt with and are the subject of Inquiries in 1969.

These figures clearly show that the work of the section from representation to confirmation, takes up to two years to complete. The section has continually to return to areas which were dealt with a year or more before and has therefore a potential of 2,400 houses subject to objection in addition to a target of 2,400 houses to be represented. It is in the areas where large numbers of owner-occupiers are found that there is the greatest likelihood of objections.

During the year, the Government White Paper 'Old Houses into New Homes' was published. One of the recommendations is that owner-occupiers should become entitled to 'market value' compensation for houses confirmed as unfit for human habitation. This provision may well relieve the situation in this regard but property owners and agents may feel that they should fight more strongly against an apparent anomaly, and so we may lose on the swings what we gain on the roundabouts. At the cost of a stamp, objectors can delay confirmation of an Order and receive rents for several more months if nothing else is achieved.

The White Paper stresses the fact that a survey carried out by the Ministry of Housing and Local Government resulted in an estimate that there are 1·8 million unfit houses in England and Wales, while figures provided by local authorities stated a total of only 700,000 houses. It has also been said that the incidence of unfit houses is much more widespread than at first thought.

Many authorities and their staffs may feel that none of the additional 1·1 million houses are to be found in their areas and Sheffield may be one such authority. Surveys of the City have been carried out at irregular intervals and large numbers of potentially unfit houses have been added to the Clearance programme as a result, but it would seem that there is still a need to make more searching surveys in order to locate all the potentially unfit dwellings.

Since the publication of the White Paper much argument has taken place in Public Inquiries on the matter of facilities for the storage of food. Advocates for objectors have taken the stand that, as the Government's view is that a ventilated food store is no longer 'a basic amenity,' the absence of a properly ventilated food store is no longer a valid point to be quoted in a statement of 'Principal Grounds of Unfitness.' This claim was opposed when it was raised, and it has been pointed out that this particular viewpoint has only been expressed in relation to Standard Grants. It is unfortunate that this anomaly should have been created, when all the other relevant Acts on food storage take the opposite stand. It is rather surprising also, that the remarks in the Dennington Report on this matter have been ignored and that the minority Report has been followed. The view held by most experienced public health inspectors is that a refrigerator is a desirable addition to a suitable food store but is not a substitute for it, and it is hoped that the proposed Act will include the provision of a food store as one of the amenities of the Standard Grant.

The White Paper also proposed that the internal arrangement of a house should be added to the list of criteria in Section 4 of the Housing Act, 1957. This is a welcome addition to the section and we, in Sheffield, will be able to use it to advantage. Many of the four roomed houses already referred to have had internal arrangements which makes them unsuitable for improvement and it has been felt that, in some cases, there may be difficulties in proving unfitness.

It is noted that the powers relating to Compulsory Improvement Areas will be discontinued. Persuasion has been attempted in the past and has not been successful. There seems to be no reason to suppose that it will be any more successful in the future. The proposals leave only compulsory purchase as the last resort, but a simplification of the existing legislation would seem to have been a viable proposition and would have been a more certain way of ensuring improvement of the 2·3 million sub-standard houses.

CLEAN AIR

By J. W. Batey, D.P.A., C.Eng., M.I.Mar.E., F.R.S.H.,
Superintendent Smoke Inspector

"Beauty doth of itself persuade
The eyes of men without an orator"

William Shakespeare (Rape of Lucrece)

No. 4 (Sharrow/Moor) and No. 26 (Crookesmoor/Netherthorpe) Smoke Control Orders became operative and No. 23 (Walkley), 19 (Hillsborough) and 26 (Crookesmoor/Netherthorpe) were confirmed by the Minister of Housing and Local Government during the year.

The results of this work are not easy to measure and it might take many years to ascertain the beneficient effects of clean air. As usual we use the volumetric gauges as a measure of the progress made in cleaning the air, bearing in mind the fact that we cannot control meteorological conditions.

Micrograms of Smoke per Cubic Metre of Air
Lowest and Highest Monthly Readings for 1959 and 1968

	Smoke			
Site	*Lowest* 1959 *Month*	*Highest* 1959 *Month*	*Lowest* 1968 *Month*	*Highest* 1968 *Month*
Surrey Street	80 June	490 January	36 August	152 February
Park County School	120 June	740 January	59 August	174 December
Newhall County School ...	150 July	940 January	62 June	253 February
Milton Street Works	70 July	850 January	30 August	169 February
Sharrow Lane County School	90 July	940 January	31 August	147 February
*Manor Clinic ...	78 June	311 December	39 August	123 December
*Turton Platts, Wincobank ...	57 June	262 December	51 August	167 February
Ellesmere County School ...	70 July	800 January	66 June	283 February
St. Stephen's C/E School	90 July	570 January	36 September	113 December
Pye Bank County School ...	80 July	520 January	36 August	140 February
Totals	885	6,423	446	1,721

*These two gauges came into operation in March, 1963.

The figures for 1968 are not the lowest recorded summer figures, and the reason probably lies in the variable weather which we experienced during the period.

The 1968 winter figures are the lowest ever recorded.

Similarly for sulphur dioxide, the contrast between the lowest and highest readings recorded for 1959 and 1968, are as follows:—

Micrograms of Sulphur Dioxide per Cubic Metre of Air
Lowest and Highest Monthly Readings for 1959 and 1968

	Sulphur Dioxide			
Site	*Lowest* 1959 *Month*	*Highest* 1959 *Month*	*Lowest* 1968 *Month*	*Highest* 1968 *Month*
Surrey Street	169 July	626 January	106 July	301 February
Park County School	134 July	552 January	137 August	240 December
Newhall County School	174 July	589 January	137 August	341 February

Site	*Lowest 1959 Month*	*Highest 1959 Month*	*Lowest 1968 Month*	*Highest 1968 Month*
Milton Street Works	97 July	583 January	106 September	279 February
Sharrow Lane County School	83 July	560 January	76 October	118 February
*Manor Clinic	96 August	273 December	78 October	140 February
*Turton Platts, Wincobank	95 October	274 March	116 July	270 February
Ellesmere County School	97 August	400 January	124 August	264 February
St. Stephen's C/E School	99 August	495 January	96 September	180 February
Pye Bank County School	114 July	460 January	100 August	190 February
TOTALS	1,158	4,812	1,076	2,323

*These two gauges came into operation in March, 1963

The highest figures are also worth contrasting and illustrate clearly the progress being maintained.

The average for all these gauges throughout the year shows the continuing downward trend in smoke but, for the last year, a 6% increase in sulphur dioxide. Perhaps we are reaching an irreducible minimum for sulphur dioxide; on the other hand, the introduction of natural gas, which is sulphur free, might reduce the overall sulphur content of the air still further.

Sulphur Determination by the Lead Peroxide Method at three Stations for the five years 1964—1968

Year	*Milligrammes per 100 square centimetres per day*		
	Attercliffe	*Firth Park*	*Weston Park*
1964	3·8	2·8	1·9
1965	3·8	2·5	2·0
1966	3·5	2·4	1·8
1967	3·3	2·2	1·7
1968	3·1	2·4	1·7

The averages of the monthly deposits of solid matter at three collecting stations in the five years 1964—1968, together with the highest monthly deposit at each station in those years is shown below:—

Solid Matter Deposited at three Collecting Stations during the five years 1964—1968

Year	*Amount of solid matter (in milligrammes deposited per square metre)*					
	Attercliffe		*Firth Park*		*Fulwood*	
	Average Deposit Per Month	*Highest Monthly Deposit*	*Average Deposit Per Month*	*Highest Monthly Deposit*	*Average Deposit Per Month*	*Highest Monthly Deposit*
1964	282	465	156	243	143	274
1965	263	374	166	258	163	360
1966	261	388	181	307	145	209
1967	233	297	156	249	149	257
1968	238	312	181	304	157	211

Some Statistics for 1968

Work carried out by the staff of the smoke inspectorate is shown below:—

Number of chimneys observed	11,699
Number of minutes of smoke emitted	2,531
Average minutes of smoke emission per half hour	0·21
Number of abatement notices served	23
Number of complaints dealt with	220
Letters sent to firms regarding smoke emission	45
Number of prosecutions	5

FOOD INSPECTION

By G. A. KNOWLES, F.R.S.H., F.A.P.H.I.,
Superintendent Food Inspector

"Now good digestion wait on appetite
And health on both"

William Shakespeare (Macbeth)

The experience of a full year's work of the food inspection services, since their combination, has proved that there is now complete liaison in all aspects. It has been possible to maintain a full staff complement, and the whole range of duties has been covered in a comprehensive manner. For the first time for many years the number of samples taken under the Food and Drugs Act for analysis reached the figure of 1,500 which is the minimum suggested for an Authority of our population and the proportion of unsatisfactory samples, 3·4% was an increase on recent years. The results of the samples taken under the national sampling scheme for residual pesticides in food were satisfactory. All animals slaughtered for sale for food in the City were inspected and it has been possible to maintain a 100 % meat inspection service. Regular inspections were made at all premises where meat and fish were sold to ensure the fitness of the food exposed for sale.

GENERAL FOOD INSPECTION

A total of 9,660 visits was made during the year to inspect food supplies at the wholesale fish, fruit and vegetable markets; wholesale, retail provision and food stores; cold stores, retail markets, butchers' shops, fish shops and to the one horseflesh shop in Sheffield. 62 tons 6 cwts. 1 qr. 22lbs. of food was condemned as unfit for human consumption by the food inspectors as a result of their visits. Possession was taken of the unfit food at the time of inspection, this being voluntarily surrendered by the owners. It was taken to the Corporation Destructor at Penistone Road and destroyed by burning.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	5,338
Visits to retail food shops	1,685
Visits to horseflesh shop	53
Visits to butchers' shops	1,848
Visits to wet fish shops	736
TOTAL	9,660

A table giving the details of the food condemned in 1968 is on page 144 in the appendix.

SAMPLING FOR ANALYSIS

1,500 formal and informal samples of food and drugs were taken during the year of which 51 samples (3·4%) proved to be unsatisfactory. Of the total samples taken, 491 were milk, 975 general foods and 34 were drugs. In addition to the milk samples submitted to the Public Analyst, 280 milk samples were examined by the food and drugs inspectors. The methods of examination were the 'Gerber milk fat' and the 'milk specific gravity and slide rule milk solids' estimation. This method has effected a definite saving in expenditure and at the same time enabled more samples to be taken.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act resulted in penalties totalling £96 16s. being imposed. For the first time for many years proceedings were instituted and a conviction obtained in the case of a retailer of pasteurised milk (see page 107).

Details are given in the following statement:—

Offences	*Penalties Imposed* £ s. d.
Selling non-brewed condiment deficient in acetic acid (1 case) ...	9 14 0
Selling prepared raw whole potatoes containing excess preservative (1 case)	14 14 0
Selling crab paste deficient in crab meat (1 case)	12 14 0
Breach of condition of milk retailer's licence—selling pasteurised milk which failed the phosphatase and methylene blue tests (3 samples —1 case)	40 0 0
Selling pork sausage deficient in meat content (1 case)	19 14 0
TOTAL	96 16 0

In addition to the cases taken to prosecution warnings were given in the cases detailed below:—

Butter—excess water content	2
Butter confectionery—misdescription of product	1
Cream cheese—deficient in milk fat	1
Double cream—slightly deficient in milk fat	2
Jam and cream cake—misdescription	1
Meat pies—deficient in meat content	2
Non-brewed condiment—slightly deficient in acetic acid	1
Pork sausage and sausage meat—slightly deficient in meat content ...	14
Potted beef—excess of water	1
Self raising flour—deficient in carbon dioxide	1
Sultanas—excess of mineral oil...	1
Full fat processed cheese—slightly deficient in milk fat	1
Cream—slightly deficient in milk fat	1
Milk—failure of phosphatase test	1

Where warnings were given, follow-up samples were taken to ensure that the offence had been remedied.

THE MILK SUPPLY

Sheffield's milk supply consists wholly of Designated Milk and is retailed exclusively in bottles and cartons. The types of milk sold are Pasteurised, Channel Island Pasteurised, Sterilised, Ultra Heat Treated and Untreated Milk. A small quantity of homogenised pasteurised milk is retailed by two dairies. The whole of the milk supplied to school children was pasteurised.

The estimated total daily consumption in the City for 1968 was 48,630 gallons. This is equivalent to a consumption of 0·73 pints per head of the population. The sale of heat treated milk was 48,259 gallons (99·24%). Of this amount pasteurised milk represented 46,149 gallons, including 2,313 gallons of Channel Island pasteurised milk, 1,860 gallons were sterilised milk and 250 gallons were Ultra Heat Treated milk. Untreated milk, formerly known as Raw Tuberculin Tested milk, totalled 371 gallons or 0·76% of the total. The whole of this was farm bottled and came from farms in the City and the adjoining area of the West Riding of Yorkshire.

The average quality of the milk consumed, as judged from the 491 samples of milk analysed during the year was 3·76% of milk fat, and 8·68% of milk solids other than milk fat. This is well above the minimum standard for genuine milk laid down by the Sale of Milk Regulations, 1939 viz:—3% of milk fat and 8·5% milk solids other than milk fat. The average quality of the 31 samples of Channel Island milk taken during the year was 4·65% of milk fat and 9·07% of milk solids other than milk fat. The standard for this milk is a minimum fat content of 4%.

Control of the milk supply is achieved by the taking and testing of samples daily, from the milk distributors as they are delivering to consumers in the City and from the milk bars and vending machines. Farm and tanker supplies of milk to the Sheffield dairies are also checked.

The inspectors made 65 visits to dairy premises to secure the compliance with the Milk and Dairies Regulations and the Milk (Special Designation) Regulations.

There were four licensed pasteurising dairies in operation in the City during the year. The milk in all cases was pasteurised by the 'High Temperature Short Time' method. Pasteurised milk from one dairy outside the City was sold in Sheffield during the year. The sterilised milk sold in the City came from three milk sterilising dairies situated in areas outside Sheffield. A small quantity of Ultra Heat Treated milk from two dairies outside Sheffield, was sold in the City during the year.

379 samples of pasteurised milk were taken for bacteriological examination. Four samples failed the phosphatase test, which checks that the milk has been properly pasteurised, and three samples failed the methylene blue test, a keeping quality test. These unsatisfactory results were all from the same dairy. An official warning was given, as is required, for the first phosphatase test failure, which concerned a single sample. When three further samples failed both the phosphatase and methylene blue tests proceedings were taken against the dairy and a conviction obtained.

All the 65 samples of sterilised milk satisfied the turbidity test and the tests on three samples of Ultra Heat Treated milk were also satisfactory.

32 samples of untreated milk were subjected to the methylene blue test. Four samples failed the test and the details of these samples were sent to the Ministry of Agriculture, Fisheries and Food for their attention.

ICE CREAM

88 samples of ice cream were submitted for bacteriological examination. 66 samples gave Grade I results, 8 were placed in Grade II, 7 in Grade III and 7 in Grade IV. Bacillus Coli were found in 42 samples. Samples placed in Grade I and II of the provisional methylene blue test for ice cream are considered satisfactory so that of the 88 samples taken 74 were satisfactory. The manufacturers of the samples giving unsatisfactory results were notified and advised. Follow up samples were taken to ensure that the necessary improvements had been effected.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

Two samples of canned meat were examined for food poisoning organisms with negative results. 40 samples of cream were examined bacteriologically and the results were satisfactory.

MEAT INSPECTION BYELAWS

Local byelaws, which have operated since 1938, require that meat which does not bear a recognised inspection stamp, should be taken to the Corporation abattoir for inspection and approval before it is offered for sale in the City. All meat from slaughterhouses in England and Wales has now to be inspected and stamped (if passed fit for human consumption) at the producing slaughterhouse and the effect of our byelaw is diminishing but there are still quantities of meat from Scotland which must be taken to the abattoir for examination because the meat is not stamped.

The food inspectors made 1,848 visits to butchers' shops and also visits to other food preparation premises, and examined the meat deposited there to ensure that it had not escaped the proper inspection and was fit for sale.

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require imported apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products, poultry and cucumbers to be marked on exposure for sale with an indication of their origin. 776 visits were made to the various food premises to enforce the provisions of the Act.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at December 31st, 1968)	488
Premises added to the list during the year	35
Number of routine visits and inspections during the year 1968	74

FERTILISER AND FEEDING STUFFS ACT, 1926

23 samples of fertilisers and three samples of feeding stuffs were taken and submitted for analysis during the year. The analyses were all satisfactory with the exception of one sample of National Growmore Fertiliser which had an unsatisfactory statutory statement. The attention of the manufacturers was drawn to this matter.

FOOD HYGIENE

Particular attention is paid to any infraction of the Food Hygiene Regulations observed by the food inspectors whilst they are carrying out their normal duties at food premises. The Superintendent Food Inspector spoke to a variety of audiences during the year on food hygiene and associated matters. Requests are received every year for such lectures and talks. The requests emanated from food trade organisations, food firms and community and religious organisations.

EXTRANEOUS MATTERS IN FOOD

Complaints from members of the public regarding the unsatisfactory condition of food, including extraneous matter in food, totalled 225 during the year. The foods implicated were many and varied and included meat and meat products (58 cases), bread and confectionery (48 cases), tinned meat (20 cases) and milk (18 cases). All the complaints were investigated, and the complainants expressed themselves as satisfied with the action taken by the department.

MEAT INSPECTION

There are three establishments in the City where animals are slaughtered for human consumption. The Corporation Abattoir in Cricket Inn Road, a private horse slaughterhouse on land adjacent to the main abattoir building and a private slaughterhouse at Halfway near Mosborough. This latter was in the area taken over in April, 1967, when the City boundaries were extended to include parts of Derbyshire.

A total of 342,745 animals was slaughtered at the above slaughterhouses during the year. All were inspected and 348 tons 2 cwts. 21 lbs. of meat and offal were condemned as unfit for human consumption and handed over to the Markets Department for conversion in the abattoir digester plant into animal feeding meals, fats and fertilisers.

The alterations to the slaughterhalls at the Corporation Abattoir were completed during the year, and the new cleaning and sterilisation equipment is being regularly used. This has resulted in a marked improvement in the hygienic conditions in the slaughterhalls but it must be acknowledged that until a new abattoir is built or the present one converted to the 'line' system the hygienic standards will not reach the high level which is both desirable and necessary. Our abattoir, which is now 40 years old, was designed as a number of separate slaughterhalls and floor dressing is a necessary part of such a design. New methods which incorporate a 'line' system of dressing ensure that the animal is always lifted clear of the floor during the carcase dressing process and obviously make for much better slaughtering hygiene. There are many features of our present abattoir, the position, it's compactness, the excellence of the lairage arrangements and the ancillary by-products plant, which incline one to think that it could, with advantage, be converted effectively to the 'line' system of slaughtering.

The main statistics on meat inspection are contained in a combined table on page 145. The form in which the information is given is identical to that which is also supplied to the Ministry of Agriculture, Fisheries and Food every quarter, and is most useful for comparison with national statistics.

Cattle slaughtered in the City during the year numbered 56,592, the types being as follows:-

Bullocks	24,173
Heifers	8,775
Cows	23,444
Bulls	200
TOTAL	56,592

The other animals slaughtered were 1,471 calves; 144,732 sheep; 139,877 pigs and 73 horses. With the exception of 10,643 animals which were slaughtered by the permitted Mohammedan and Jewish religious methods all animals were humanely stunned before slaughter. All the slaughtermen employed in the slaughter of animals must hold a slaughterman's licence which is only issued to persons competent to carry out such work. The licences are issued by the local authority. The certification of new applicants and the consent to renewal of existing licences is carried out by the Superintendent Food Inspector.

Private Slaughterhouses.—There were 73 horses slaughtered at the private horse slaughterhouse and 4 cwts. 1 qr. 14lbs. of meat and offal was condemned as unfit for human consumption. 11 carcases of horseflesh were certified for export.

At the other private slaughterhouse 292 oxen and 601 sheep were slaughtered and inspected. There was no case of total condemnation but 16 cwts. 3 qrs. 20lbs of meat and offal was condemned. This was conveyed to the Markets Department digester plant at the abattoir. The meat inspection duties at this slaughterhouse are carried out by the food inspectors.

Details of the animals slaughtered and inspected, and the quantities of meat and offal which were condemned as unfit for human consumption are to be found in the tables on pages 146 and 147.

Of the 342,745 animals slaughtered and inspected during the year, 661 whole carcases were found to be in a diseased condition and were condemned. In a further 102,953 carcases, some part of the animal or organ was condemned.

Tuberculosis.—23 carcases derived from bovine animals were suspected of being affected with tuberculosis and were reported to the Ministry of Agriculture, Fisheries and Food.

Cysticercus Bovis.—126 carcases were found to be infected with localised infestation and were put in cold storage for three weeks at the required temperature (not exceeding 20°F or—7°C) before being passed fit for human consumption. The number of infected carcases was an increase on the previous year and this disease shows no sign of diminishing.

Cysticercus Ovis.—3 carcases with offal, of sheep slaughtered in the abattoir were condemned for generalised infestation. In two of the carcases upwards of 100 cysts were found altogether.

Meat from Outside Sources.—Meat brought to the abattoir for inspection in compliance with the byelaws included 15 tons 9 cwts. of Scottish beef. In addition 6 tons 19 cwts. of pork, 2,288 sheep carcases and 5 cwts. 1 qr. of sheep offal were brought to the abattoir for sale in the wholesale market. A total weight of 2 cwts. 3 qrs. 8 lbs. of these latter importations was condemned.

Wholesale Meat Market.—This large market which is within the abattoir building, is adjacent to the slaughterhalls and serves the whole of the City and many surrounding areas. Inspections of the produce offered for sale are carried out the whole of the time the market is in operation. During the year the total weight of meat and poultry found to be unfit for human consumption and condemned was 40 tons 2 qrs 17 lbs.

Disposal of Condemned Meat.—All the meat condemned as being unfit for human consumption is handed to the Markets Department for processing in their solvent digester plant at the abattoir and conversion into animal feeding meals, fats, etc. During the year a total of 348 tons 2 cwts. 21 lbs. of condemned meat was handed over.

GENERAL SUMMARY OF WORK OF FOOD INSPECTION SECTION FOR THE YEAR, 1968

Visits

Number of visits made by the food inspectors:—

To markets and food premises	7,023	
To butchers' shops	1,848	
To wet fish shops	736	
To horseflesh shop	53	
In connection with Merchandise Marks Act	776	
In connection with Milk and Dairies Regulations	65	
In connection with the Pharmacy and Poisons Act	74	
	——	10,575

Total weight of unfit food condemned and destroyed:—

Tons	*Cwts.*	*Qrs.*	*Lbs.*
62	6	1	22

Sampling

Number of samples taken:—

Food and Drugs Act, 1955—for analysis by Public Analyst	1,500	
Milk samples informally examined by food and drugs inspectors	280	
Ice Cream—for bacteriological examination	88	
Food for bacteriological examination	42	
Fertilisers and Feeding Stuffs Act—for analysis by public analyst	26	
	——	1,936

Designated Milk Samples—for bacteriological examination:—

Pasteurised	379	
Sterilised	65	
Ultra Heat Treated	3	
Untreated	32	
	——	479
		—— 2,415

Meat Inspection:—

Animals slaughtered and inspected:—

Cattle	56,592
Calves	1,471
Sheep	144,732
Pigs	139,877
Horses	73
TOTAL	342,745

Total weight of all meat and offal condemned as unfit for human consumption and processed in the abattoir digester plant:—

Tons	*Cwts.*	*Qrs.*	*Lbs.*
348	2	—	21

Diseases of Animals Acts.—The Public Health Department is responsible for the discharge of the non-veterinary functions of the above Act within the City and many of these functions, in particular the issuing of Animal Movement licences and the supervision of the cleansing and disinfection of animal carrying trucks, are carried out by the meat inspection staff at the abattoir. The Foot and Mouth disease outbreak which started in October, 1967, continued until the beginning of June, 1968. During 1968, 4,932 Movement Licences were granted and in the same period the washing and disinfection of 2,979 vehicles was supervised.

APPENDIX

VITAL STATISTICS

Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1968, and previous years.

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths			
		Number of births	Birth Rate per 1,000 population	Number of deaths	Death Rate per 1,000 population	Birth Rate per 1,000 population	Death Rate per 1,000 population
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954	503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955	501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956	499,000	7,040	14·1	5,852	11·7	15·7	11·7
1957	498,500	7,519	15·1	5,785	11·6	16·1	11·5
1958	498,800	7,656	15·3	5,865	11·8	16·4	11·7
1959	499,400	7,709	15·4	5,860	11·7	16·5	11·6
1960	499,610	7,829	15·7	5,810	11·6	17·1	11·5
1961	494,650	8,157	16·5	6,477	13·1	17·4	12·0
1962	495,240	8,612	17·4	6,282	12·7	18·0	11·9
1963	495,290	8,396	17·0	6,256	12·6	18·2	12·2
1964	490,930	8,400	17·1	6,015	12·3	18·4	11·3
1965	488,950	8,505	17·4	5,929	12·1	17·4	12·1
1966	486,490	8,291	17·0	6,170	12·7	17·7	11·7
1967	534,100	8,876	17·0	5,968	11·4	17·2	11·2
1968	531,800	8,874	16·7	6,669	12·5	16·9	11·9

Population at earlier dates:—14,105 in 1736; 45,755 in 1801; 53,231 in 1811; 65,275 in 1821; 91,692 in 1831; 111,091 in 1841; 135,310 in 1851; 186,375 in 1861.

The City was extended on 31st October, 1901; 1st April, 1912; 1st October, 1914; 9th November, 1921; 1st April, 1929; 1st April, 1934 and 1st April, 1967.

Deaths of Sheffield Residents in the year 1968

Classified according to Disease, Sex and Age-Periods

Cause of Death	*Sex*	*All Ages*	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	3,524	93	13	9	24	114	1,057	1,081	1,133
	F	3,145	67	12	13	13	67	548	696	1,729
TOTALS		6,669	160	25	22	37	181	1,605	1,777	2,862
Enteritis and other diarrhoeal...	M	2	2	—	—	—	—	—	—	—
diseases	F	4	1	2	—	—	—	1	—	—
Tuberculosis of respiratory	M	15	—	—	—	—	1	9	2	3
system	F	3	—	—	—	—	—	1	1	1
Meningococcal infection ...	M	2	1	1	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—
Syphilis and its sequelae ...	M	2	—	—	—	—	1	—	1	—
	F	2	—	—	—	—	—	—	1	1
Other infective and parasitic ...	M	8	3	—	—	1	1	4	—	—
diseases	F	5	1	—	1	—	—	3	—	—
Malignant neoplasm, stomach	M	95	—	—	—	—	2	35	34	24
	F	59	—	—	—	—	1	9	18	31
Malignant neoplasm, lung and	M	347	—	—	—	—	3	164	135	45
bronchus	F	51	—	—	—	—	3	21	13	14
Malignant neoplasm, breast ...	M	1	—	—	—	—	—	1	—	—
	F	121	—	—	—	—	7	70	24	20
Malignant neoplasm, uterus ...	M	—	—	—	—	—	—	—	—	—
	F	49	—	—	—	—	—	24	17	8
Leukaemia	M	14	—	1	—	—	2	4	1	6
	F	18	—	1	1	—	1	4	4	7
Other malignant neoplasms	M	311	—	—	1	3	21	87	119	80
etc.	F	275	—	2	1	—	9	96	77	90
Benign and unspecified	M	8	—	—	—	1	1	4	2	—
neoplasms	F	8	—	1	—	1	—	5	—	1
Diabetes mellitus	M	18	—	—	—	—	—	10	2	6
	F	30	—	—	—	—	1	2	11	16
Avitaminoses, etc.	M	1	—	—	—	—	—	—	—	1
	F	1	1	—	—	—	—	—	1	—
Other endocrine etc. diseases	M	6	3	1	—	—	—	2	—	—
	F	14	—	1	1	—	—	2	2	8
Anaemias	M	3	—	—	—	—	—	—	—	3
	F	5	—	—	—	—	—	2	—	3
Other diseases of blood, etc. ...	M	1	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—
Mental disorders	M	2	—	—	—	—	—	—	1	1
	F	5	—	—	—	—	—	—	1	4
Meningitis	M	4	3	—	—	—	—	1	—	—
	F	6	3	1	—	—	—	1	1	—
Other diseases of nervous	M	37	1	2	1	—	3	11	9	10
system, etc.	F	35	1	—	1	1	5	8	8	11
Chronic rheumatic heart	M	51	—	—	—	—	10	24	8	9
disease...	F	71	—	—	—	—	6	40	12	13
Hypertensive disease	M	56	—	—	—	—	3	17	15	21
	F	72	—	—	—	1	1	6	19	45
Ischaemic heart disease ...	M	964	—	—	—	—	23	368	309	264
	F	683	—	—	—	—	1	88	191	403
Other forms of heart disease ...	M	108	1	—	—	—	—	14	31	62
	F	166	1	—	—	—	1	13	23	128
Cerebrovascular disease ...	M	389	—	—	—	—	8	80	118	183
	F	534	—	—	—	—	3	43	114	374
Other diseases of circulatory ...	M	196	—	—	—	—	4	27	39	126
system	F	229	1	—	—	—	1	11	27	189
Influenza...	M	15	—	—	—	—	—	2	9	4
	F	6	—	—	—	—	—	1	1	4
Pneumonia	M	155	2	—	1	—	—	23	50	79
	F	202	1	2	3	1	3	18	32	142
Bronchitis and emphysema ...	M	336	1	1	—	—	3	81	131	119
	F	126	1	—	—	1	1	21	31	71
Asthma	M	5	—	—	1	—	1	2	1	—
	F	5	—	—	—	—	—	3	2	—
Other diseases of respiratory	M	47	11	—	—	2	1	12	11	10
system	F	25	4	—	1	—	2	1	5	12
Peptic ulcer	M	30	—	—	—	—	1	4	17	8
	F	18	—	—	—	—	—	1	9	8
Appendicitis	M	4	—	—	—	—	—	2	1	1
	F	5	—	—	—	—	—	—	1	4
Intestinal obstruction and	M	10	1	—	—	—	1	3	2	3
hernia	F	13	—	—	—	—	—	1	2	10
Cirrhosis of liver	M	11	—	—	—	—	—	8	2	1
	F	7	—	—	—	—	2	1	1	3
Other diseases of digestive	M	22	—	—	—	—	1	6	6	8
system	F	33	—	—	—	—	2	5	12	14
Nephritis and nephrosis ...	M	11	—	—	—	—	2	5	1	3
	F	15	—	—	—	1	3	4	6	1
Hyperplasia of prostate ...	M	14	—	—	—	—	—	—	5	9
	F	—	—	—	—	—	—	—	—	—
Other diseases, genito-	M	17	1	—	—	1	—	6	4	5
urinary system	F	27	—	—	—	1	2	9	3	12
Other complications of	M	—	—	—	—	—	—	—	—	—
pregnancy etc.	F	1	—	—	—	1	—	—	—	—

Cause of death	*Sex*	*All Ages*	0—	1—	5—	15—	25—	45—	65—	75—
Diseases of skin, subcutaneous	M	1	—	—	—	—	1	—	—	—
tissue	F	1	—	—	—	—	—	—	—	1
Diseases of musculo-skeletal	M	7	—	—	—	—	—	3	—	4
system	F	14	—	—	—	—	2	4	4	4
Congenital anomalies	M	30	21	2	1	1	2	1	1	1
	F	23	13	1	3	1	2	2	—	1
Birth injury, difficult labour,	M	19	19	—	—	—	—	—	—	—
etc.	F	19	19	—	—	—	—	—	—	—
Other causes of perinatal	M	22	22	—	—	—	—	—	—	—
mortality	F	19	19	—	—	—	—	—	—	—
Symptoms and ill-defined	M	6	—	—	—	—	1	—	—	5
conditions	F	12	—	—	—	—	—	—	—	12
Motor vehicle accidents ...	M	32	—	4	2	7	2	8	3	6
	F	26	—	—	1	3	—	9	6	7
All other accidents	M	47	1	—	2	4	7	11	4	18
	F	71	1	—	—	—	2	5	11	52
Suicide and self-inflicted	M	23	—	—	—	1	3	14	2	3
injuries	F	21	—	—	—	—	4	11	3	3
All other external causes ...	M	19	—	1	—	3	4	4	5	2
	F	8	—	—	—	1	2	2	2	1

PERSONAL HEALTH SERVICES

Care of Mothers and Young Children

Register of Congenital Abnormalities.—The following cases have been added of babies born in 1968. Stillbirths are included, so as to give a more complete picture of the incidence of congenital malformations.

Abnormality		*Total*
Alimentary Tract		15
Atresias	5	
Hare lip and cleft plate	4	
Hare lip alone	1	
Cleft palate alone	2	
Hirschsprung's disease	2	
Double duodenum	1	
Bone and Joint		86
Congenital dislocation of hips —definite	17	
—still queried	3	
Talipes —structural	19	
—postural	17	
Supernumerary digits	11	
Syndactyly	7	
Reduction deformities limbs	4	
Deformity vertebrae and ribs	1	
Miscellaneous	7	
Genito Urinary		24
Renal agenesis	3	
Ectopic testis	1	
Multiple urinary tract abnormalities	1	
Vaginal polyp	1	
Varieties of hypospadias	18	
Heart		36
Septal defects alone	15	
—with other heart defects	6	
Patent ductus	1	
Coarctation aorta	1	
Tricuspid atresia	2	
Multiple defects	1	
Definite defect as yet unspecified	3	
Under observation	7	
Special and Multiple Syndromes		50
Mongolism alone	8	
—with other defects	6	
17/18 Trisomy	1	
13/15 Trisomy	1	
Multiple deformities	6	
Metabolic disorders	6	
Fibrocystic disease	2	
Rubella syndrome	1	
Achondroplasia	2	
Klippel-Feil syndrome	3	
Pierre Robin syndrome	1	
Congenital hypotonia	2	
Congenital blood disorders	2	
Albino	1	
Neurofibromatosis	1	
Possible chromosomal abnormality	7	
Respiratory		2
Congenital stridor	2	
Central Nervous System		61
Spina bifida cystica	19	
Hydrocephalus alone—definite	5	
—queried	8	
Sacral sinus	8	
Anencephalus	18	
Epilepsy	2	
Cyclops	1	

Abnormality		*Total*
Miscellaneous		51
Naevi and moles	18	
Lymphangioma	1	
Accessory auricles	6	
Small ears	2	
Exomphalos	2	
Diaphragmatic hernia	2	
Coccygeal sinus	9	
Branchial cyst/sinus	2	
Dermoid and other cysts	2	
No eyes	1	
Aniridia	1	
Minor	5	
All conditions		325

'At Risk' Register.—The following cases have been added of children born in 1968; these are in addition to any named on the register of congenital abnormalities:—

Family History		17
Deafness	2	
Metabolic disorders	4	
Blood disorders	3	
Blindness	3	
Miscellaneous	5	
Pre-Natal		117
Maternal diabetes	21	
Maternal thyroid disorders	3	
Maternal epilepsy	2	
Maternal positive W.R.	6	
Miscellaneous	10	
Blood incompatibility		
Rhesus factor—severely affected	36	
—mildly affected	19	
ABO factors—severely affected	2	
—mildly affected	11	
Ante-partum haemorrhage	7	
Perinatal		499
Premature babies of 4lbs. 6ozs. (1·984 kgms.) and under (excluding 54 in other categories)	112	
Dysmature babies	29	
Severe difficulties in delivery and resuscitation	203	
Severe degrees of jaundice (excluding blood incompatibilities)	73	
Twins (5lbs. 8ozs. (2·495 kgms.) and under) by weight	82	
Postnatal		15
Infection	12	
Miscellaneous	3	
TOTAL		648

Midwifery

Hospital Discharges Visited by the Domiciliary Midwives during 1968

No. of Days	*1st day*	*2nd day*	*3rd day*	*4th day*	*5th day*	*6th day*	*7th day*	*8th day plus*
Northern Genera Hospital Emergency cases previously transferred from the district	1	65	15	14	5	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...	—	450	105	32	21	—	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	5	51	43	37	29	274	1,093	156
Jessop Hospital Emergency cases previously transferred from the district	4	113	22	5	1	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...	4	414	56	16	3	—	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage	1	57	28	31	33	631	88	53
Nether Edge Hospital Booked for early discharge for reason of medical or obstetrical abnormality ...	—	14	3	—	1	—	—	—
Miscellaneous unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	—	7	17	25	35	145	464	293
TOTALS	15	1,171	289	160	128	1,050	1,645	504

Health Visiting

Summary of Visits of Health Visitors during the year 1968

		Number of Visits
Infants born in 1968—first visits	9,527	
—subsequent visits	12,156	
		21,683
Infants born between 1963—1967		40,169
Acute rheumatism		1
Scabies		325
Whooping cough		225
Measles		1,155
Scarlet fever		181
Pneumonia		91
Meningitis		37
Erysipelas		9
Venereal disease		481
Puerperal pyrexia		9
Other infectious diseases		58
Ex-hospital cases *re* after-care		1,006
Expectant mothers—first visits	1,266	
—subsequent visits	412	
		1,678
Postnatal cases		7,702
Tuberculosis—pulmonary	1,619	
—non-pulmonary	154	
		1,773
Tuberculosis contacts		299
Follow-up of positive reactors		594
B.C.G.		401
Persons aged 65 or over		13,483
Old people's charities		53
Immunisation and vaccination visits		414
Mentally disordered persons		343
Phenylketonuria tests		7,303
Hearing tests		1,647
Congenital abnormalities		4
Nursing homes		8
Child-minders		112
Mother and baby homes		10
Day nurseries		46
Hospitals		408
Hospital medical social workers		207
Chest clinic		79
Medical practitioners		200
Investigation of infant deaths		68
Investigation of stillbirths		136
Home conditions		123
Handicapped persons		1,315
Problem families		1,790
Accidents in the home		88
Care of immigrant children		339
Leukaemia survey		12
Problem family survey		153
Pertussis survey		33
Mental welfare seminar		127
Other reasons		1,020
TOTAL		107,398

In addition, the health visitors paid 14,613 ineffectual visits during the year.

Premature Babies born alive to Sheffield Residents during the year 1968

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at home	2	6	16	33	3	60
Born in hospital or nursing home	40	112	153	278	7	590
Grand total—premature babies	42	118	169	311	10	650
Died in first 24 hours						
Born at home	2	—	—	—	2	4
Born in hospital or nursing home ...	17	11	5	6	4	43
	19	11	5	6	6	47
Died on 2nd to 7th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home ...	10	7	1	2	2	22
	10	7	1	2	2	22
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home ...	1	—	1	—	—	2
	1	—	1	—	—	2
Total who died during first 28 days						
Born at home	2	—	—	—	2	4
Born in hospital or nursing home ...	28	18	7	8	6	67
	30	18	7	8	8	71
Total who survived 28 days						
Born at home	—	6	16	33	1	56
Born in hospital or nursing home ...	12	94	146	270	1	523
	12	100	162	303	2	579

Percentage of those born at home who died during the first 28 days	100	—	—	—	66·6	6·66
Percentage ot those born in hospital or nursing home who died during the first 28 days ...	70·0	16·1	4·57	2·87	85·7	11·35
Percentage of all premature babies who died during the first 28 days	71·4	15·2	4·14	2·6	80·0	10·9

Total live births to Sheffield residents notified during 1968
8,977

Number of Premature Births
650

Percentage of Premature Births to Total Live Births
7·0

Total stillbirths to Sheffield residents notified during 1968
126

Number of Premature Births
650

Percentage of Total Stillbirths to Premature Births
19·38

42 (0·46) of all live births weighed 3 lbs. 4 ozs. or less

118 (1·31) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

169 (1·88) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

311 (3·46) of all live births weighed over 4 lbs. 15 ozs up to and including 5 lbs. 8 ozs.

Smallpox Vaccination.—Number of persons vaccinated:—

Primary Vaccinations	Age					
Year	*Under 1 year*	*1—4 years*	*5—14 years*	*15 years and over*	*Total*
1964	142	2,443	70	352	3,007
1965	132	3,294	90	238	3,754
1966	133	3,762	189	332	4,416
1967	114	4,144	139	417	4,814
1968	105	4,100	153	516	4,874
Re-Vaccinations					
1964	—	2	145	882	1,029
1965	—	35	85	641	761
1966	—	35	236	843	1,114
1967	—	53	166	1,058	1,257
1968	—	35	166	1,647	1,848

The primary vaccinations and re-vaccinations during 1968 were carried out as follows:—

	Primary Vaccinations	*Re-vaccinations*
By general practitioners	... 2,051	1,821
At maternity and child welfare centres ...	... 2,823	25
At hospitals	—	2
Totals	... 4,874	1,848

Diphtheria Immunisation.—Number of persons immunised:—

Year	*Under 1 year*	*1—4 years*	*5—14 years*	*15 years and over*	*Total*
1964	3,220	3,268	775	1	7,264
1965	3,444	3,341	383	1	7,169
1966	3,321	3,435	596	1	7,353
1967	3,819	3,514	504	2	7,839
1968	3,298	3,806	370	5	7,479

Poliomyelitis Immunisation.—Number of persons who received completed courses of oral (Sabin) poliomyelitis vaccine:—

Age Group	1968	*Primary Course* 1967	1966
0—4	7,281	7,403	7,695
5—14	479	1,364	1,363
15 and over	75	55	339
		Re-inforcing Doses	
Doses	5,979	18,513	19,258

Total number of persons who have received poliomyelitis vaccine since 1956:—

Primary course	273,700
Re-inforcing doses	247,792

Analysis of Emergency Cases—Year 1968

Type of Cases	*Jan.*	*Feb.*	*March*	*April*	*May*	*June*	*July*	*August*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*Total*
Accidents in the Home													
Burns	6	4	3	4	4	3	4	2	1	7	2	9	49
Scalds	10	3	4	3	7	9	6	6	7	8	4	7	74
Falls	56	50	60	68	51	61	50	56	54	72	57	92	727
Gas & electricity ...	5	9	7	7	5	7	10	2	2	8	4	4	70
Poisonings	30	39	39	38	51	58	43	47	57	49	49	59	559
Cuts & lacerations ...	17	10	18	17	15	20	14	24	9	12	13	21	190
Illness	167	145	198	164	156	162	162	152	149	134	151	165	1,905
Miscellaneous	7	5	7	2	7	10	8	8	5	4	5	9	77
TOTALS	298	265	336	303	296	330	297	297	284	294	285	366	3,651
Accidents outside the Home													
Street accidents	122	124	126	137	163	149	139	134	136	161	143	171	1,705
Falls in street	68	50	51	58	43	63	47	46	48	51	53	61	639
Falls in shops and places of entertainment ...	10	16	9	15	5	16	16	7	24	5	13	12	148
Industrial accidents ...	53	57	45	47	42	46	54	47	38	46	64	65	604
Illness	104	105	131	114	143	124	143	142	115	130	126	126	1,503
Children injured at school or play	43	49	47	64	74	88	104	97	58	57	57	50	788
Assaults	25	36	38	28	19	25	29	30	36	20	19	45	350
Drownings	—	—	—	—	—	1	—	—	—	2	1	—	4
Railway accidents ...	—	—	—	—	—	2	—	2	—	1	1	—	6
Attacks by animals ...	1	5	2	6	8	2	3	2	9	5	1	3	47
Sport	9	9	23	4	15	6	7	7	14	19	16	7	136
Miscellaneous	9	7	5	8	14	14	4	7	12	7	4	9	100
TOTALS	444	458	477	481	526	536	546	521	490	504	498	549	6,030
Maternity cases ...	422	374	408	357	376	368	371	396	351	379	372	404	4,578
Total number of emergency cases ...	1,164	1,097	1,221	1,141	1,198	1,234	1,214	1,214	1,125	1,177	1,155	1,319	14,259
Less total number of fruitless journeys ...	75	68	66	48	64	57	82	44	67	86	79	70	806
Total number of patients carried	1,089	1,029	1,155	1,093	1,134	1,177	1,132	1,170	1,058	1,091	1,076	1,249	13,453

Tuberculosis Control

Notifications by Age and Sex

(Immigrants are shown in brackets)

Age	Males			Females			Males and Females		
	Pulmonary	*Other Forms*	*All Forms*	*Pulmonary*	*Other Forms*	*All Forms*	*Pulmonary*	*Other Forms*	*All Forms*
Under 1 ...	2	—	2	1	—	1	3	—	3
1— 2	—	—	—	—	—	—	—	—	—
2— 4	—	—	—	3	—	3	3	—	3
5— 9	—	—	—	—	1	1	—	1	1
10—14	1	1 (1)	2 (1)	1	—	1	2	1 (1)	3 (1)
15—19	6 (4)	1	7 (4)	3 (1)	1	4 (1)	9 (5)	2	11 (5)
20—24	5	—	5	7 (3)	—	7 (3)	12 (3)	—	12 (3)
25—34	11 (4)	5 (4)	16 (8)	8	3	11	19 (4)	8 (4)	27 (8)
35—44	10 (1)	6 (5)	16 (6)	9 (1)	4 (1)	13 (2)	19 (2)	10 (6)	29 (8)
45—54	21	2 (1)	23 (1)	9	1	10	30	3 (1)	33 (1)
55—64	29	1	30	5	—	5	34	1	35
65—74	20	—	20	2	4	6	22	4	26
75+	4	—	4	2	—	2	6	—	6
Totals ...	109 (9)	16 (11)	125 (20)	50 (5)	14 (1)	64 (6)	159 (14)	30 (12)	189 (26)

Notifications in Immigrants

Country of Origin	*Pulmonary*	*Other Forms*	*All Forms*
Commonwealth Countries			
Caribbean	—	4	4
Indian	1	—	1
Pakistan	10	6	16
African	2	—	2
Non-Commonwealth			
European	—	1	1
Others	2	2	4
Totals	15	13	28

Follow up of Contacts of Positive Reactors:—

X-ray of older contacts

Had recent chest X-ray	159
Had B.C.G. at school	83
Number X-rayed	299
Already under supervision	1

Results of X-ray examination

No abnormality found	292
Signs of past tuberculosis now healed	2
To be recalled for further X-ray	5

Tuberculin tests of younger siblings

Number tested	330
Already had B.C.G.	8
Negative reactors	307
Number vaccinated	94
Positive reactors:—	
—normal X-ray	23
—healed tuberculous lesion	—
—positive reactor rate	6·9%

Younger siblings given B.C.G. (0—5 years)

Chest Clinic	873
Jessop Hospital	144
Children's Hospital	6

Home Help and Home Warden Service

Cases Where Home Help was Provided

(*a*)	Number receiving assistance at 1st January, 1968	3,822
(*b*)	Number new cases during the year	2,142
(*c*)	Number ceasing to require assistance during the year	1,932
(*d*)	Number receiving assistance at 31st December, 1968	4,032

Types of Cases

		No. of Cases		*Help given in Hours*	
	Group	*Old*	*New*	*Daily Service*	*Evening Service*
(*a*)	Maternity	12	297	13,239	—
(*b*)	Old age	3,495	1,578	721,616	22
(*c*)	Long term illness	217	103	47,406	—
(*d*)	Short term illness	70	129	10,925	—
(*e*)	Care of children	6	22	4,989	—
(*f*)	Tuberculosis	20	12	4,706	—
(*g*)	Problem families	2	1	197	—
	Totals	3,822	2,142	803,078	22

Home Helps

		No. of Hours
(*a*)	Travelling	3,473
(*b*)	Training and meetings	5,428
(*c*)	Washing at training centre	2,144
(*d*)	X-rays	97

Visits by Home Help Organisers

(*a*)	New enquiries:	(i) Maternity	408
		(ii) Others	2,754
(*b*)	Existing cases		8,950
(*c*)	Helps seen at work		7,713
(*d*)	Helps seen at home		1,322
(*e*)	Miscellaneous		815
(*f*)	Ineffective		1,571
	Total		23,533

Home Helps

		Full-time	*Part-time*	*Total*
(*a*)	Number of staff at 1st January, 1968	87	575	662
(*b*)	Number commenced duty during the year	28	176	204
(*c*)	Number left service during the year	38	201	239
(*d*)	Number of staff at 31st December, 1968	77	550	627

Home Wardens

(*a*)	Number employed at 31st December, 1968	37*
(*b*)	Cases visited that receive home help service	899
(*c*)	Cases visited that do not receive home help service	83

*Includes 1 part-time

Home Warden Service

Report for the year 1968

1. Number of wardens employed at 31st December, 1968 36
   Number of cases visited where home help available 899
   Number of cases visited where home help not available ... 83

2. Number of patients supervised in each area, and calls made are shown below:—

Area Covered	*Patients Supervised*	*Patients Bedfast*	*Morning Calls*	*Afternoon Calls*	*Evening Calls*	*Weekend Calls*	*Total Calls*
Southey Green and Wadsley Bridge	137	16	13,534	52	5,217	6,121	24,924
Firth Park and Shiregreen	81	17	9,046	23	3,654	4,648	17,371
Greenhill, Meadowhead and Woodseats ...	68	14	7,154	53	2,143	3,051	12,401
Gleadless Valley	71	18	4,439	190	1,551	1,801	7,981
Lowfields and Arbourthorne	81	8	4,383	38	1,273	1,175	6,869
Manor Park and Bowden Wood	98	21	8,841	469	3,975	3,664	16,949
Stradbroke, Handsworth, Beighton and Hackenthorpe	154	17	10,036	33	4,836	4,577	19,482
Crookes, Crookesmoor and Town Centre ...	105	12	7,474	2	3,686	3,481	14,643
Hillsborough and Middlewood	59	30	6,196	6	2,003	2,927	11,162
Ecclesall and Nether Edge	69	23	4,378	11	1,507	2,177	8,073
TOTALS	923	176	75,481	877	29,875	33,622	139,855

3. Duties carried out by the wardens were as follows:—

Area Covered	*Fire Making*	*Bed Making*	*Preparation of Meals*	*Mending*	*Laundry*	*Carrying in Coal*	*Shopping*	*Doctor's Calls*
Southey Green and Wadsley Bridge	5,691	3,377	4,488	283	918	5,310	8,220	38
Firth Park and Shiregreen	3,116	3,867	2,930	341	861	4,970	4,705	61
Greenhill, Meadowhead and Woodseats	2,931	3,285	3,182	130	367	3,151	3,473	17
Gleadless Valley	2,175	2,288	1,908	47	776	2,545	3,555	9
Lowfields and Arbourthorne	484	1,463	1,479	65	259	372	1,162	26
Manor Park and Bowden Wood	4,629	4,672	3,761	97	707	4,860	3,442	29
Stradbroke, Handsworth Beighton and Handsworth	4,566	4,838	4,807	196	1,295	5,869	4,911	29
Crookes, Crookesmoor and Town Centre	1,325	2,152	4,181	168	859	2,635	4,862	23
Hillsborough and Middlewood	3,268	3,338	3,915	146	891	3,996	3,450	18
Ecclesall and Nether Edge	870	3,451	3,655	57	639	1,468	2,142	34
TOTALS ...	29,055	32,731	34,306	1,530	7,572	35,176	39,922	284

Welfare of Blind and Partially-Sighted

Classification of Registered Blind Persons by Age Groups

Age Group	*Total Register (Age at Dec. 31st, 1968)*			*New Cases Registered during 1968 (Age at Registration)*		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
0	—	—	—	—	1	1
1	—	1	1	—	—	—
2	—	—	—	—	—	—
3	1	—	1	—	—	—
4	—	—	—	—	—	—
5—10	6	8	14	—	—	—
11—15	9	5	14	—	—	—
16—20	5	10	15	—	—	—
21—29	17	10	27	—	—	—
30—39	21	14	35	2	2	4
40—49	36	27	63	4	4	8
50—59	55	61	116	4	2	6
60—64	49	45	94	3	7	10
65—69	46	59	105	6	9	15
70—79	93	174	267	11	22	33
80—84	45	95	140	7	14	21
85—89	30	84	114	8	13	21
90 and over	15	37	52	—	4	4
Unknown	—	1	1	—	—	—
TOTALS ...	428	631	1,059	45	78	123

AGES AT WHICH BLINDNESS OCCURRED

Age Group	*Total Register*			*New Cases Registered during 1968*		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
0	37	50	87	—	3	3
1	5	10	15	—	—	—
2	3	2	5	—	—	—
3	2	2	4	—	—	—
4	4	4	8	—	—	—
5—10	15	19	34	—	—	—
11—15	9	12	21	—	—	—
16—20	16	7	23	—	—	—
21—29	26	14	40	—	1	1
30—39	30	30	60	3	—	3
40—49	41	31	72	3	3	6
50—59	53	70	123	3	4	7
60—64	28	36	64	5	5	10
65—69	31	69	100	6	14	20
70—79	62	137	199	10	21	31
80—84	25	76	101	6	13	19
85—89	12	21	33	8	6	14
90 and over	2	5	7	—	4	4
Unknown	27	36	63	1	4	5
TOTALS	428	631	1,059	45	78	123

Blind Persons Age 16 and Upwards not Living at Home

	M.	*F.*	*Total*
Residential accommodation provided under Part III of the 1948 Act, Section 21:			
(*a*) Homes for the blind	10	15	25
(*b*) Other homes	12	19	31
Other residential homes	—	5	5
Hospitals for mentally ill	7	15	22
Hospitals for mentally subnormal	2	—	2
Other hospitals	10	17	27
Totals	41	71	112

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & *over*	*Un-known*	*Total*
1958	—	—	2	3	3	18	14	11	20	53	81	113	77	96	254	158	72	23	4	1,002
1959	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981
1960	—	—	1	1	2	19	14	7	24	43	81	117	76	81	230	159	93	29	4	981
1961	—	1	3	1	1	19	15	8	23	40	76	112	77	91	227	149	98	31	3	975
1962	—	—	1	2	1	15	17	12	22	41	69	113	70	98	233	139	103	33	3	972
1963	—	1	1	2	2	17	16	11	25	28	78	112	79	91	248	134	101	32	3	981
1964	—	1	2	2	2	17	12	15	22	32	72	105	93	90	245	137	120	45	3	1,015
1965	—	—	1	2	3	14	16	14	19	29	67	116	87	93	246	124	121	48	2	1,002
1966	—	—	—	1	2	17	13	15	19	30	59	111	94	89	252	130	122	42	1	997
1967	—	—	1	—	1	17	13	16	28	27	59	123	95	101	283	136	115	52	1	1,068
1968	—	1	—	1	—	14	14	15	27	35	63	116	94	105	267	140	114	52	1	1,059

Distribution of Local Blind Persons

Children, age under 16

			M.	*F.*	*Total*	*M.*	*F.*	*Total*
Under 2	...	At home ...	—	1	1	—	1	1
Age 2—4	...	*Educable:*—						
		In residential home	1	—	1	1	—	1
Age 5—15	...	*Educable:*—						
		Attending school	7	7	14			
		Unsuitable for school:—						
		In hospital for mentally subnormal	3	1	4			
		At home ...	5	5	10			
						15	13	28
						16	14	30

Age periods 16 years and upwards

	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Educable—At school: 16—20 ...	—	2	2			
				—	2	2
Employed						
(*a*) *In workshops for the blind*						
16—20...	—	—	—			
21—39...	5	—	5			
40—49...	9	1	10			
50—59...	13	4	17			
60—64...	9	—	9			
65 and over	—	—	—			
				36	5	41
(*b*) As Approved Home Workers						
60—64...	1	1	2			
				1	1	2
(*c*) All others						
16—20...	—	—	—			
21—39...	16	4	20			
40—49...	11	3	14			
50—59...	12	3	15			
60—64...	5	—	5			
65 and over	2	—	2			
				46	10	56
				83	16	99
Undergoing Training						
(*a*) For sheltered employment ...	1	—	1			
(*b*) For open employment ...	—	—	—			
(*c*) Professional	2	—	2			
				3	—	3
Not Employed				326	599	925
			Totals	412	617	1,029

REGISTER OF PARTIALLY-SIGHTED PERSONS

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 *and over*		*All ages*		*Total both sexes*
Year	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	
1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235
1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205
1960	—	—	1	2	12	12	8	8	6	7	10	11	41	68	78	108	186
1961	—	—	1	1	11	9	7	8	8	6	11	10	37	64	75	98	173
1962	—	—	—	—	11	10	7	7	9	8	11	9	37	80	75	114	189
1963	—	—	—	1	15	10	4	5	13	10	13	8	35	97	80	131	211
1964	—	—	—	1	11	8	6	5	13	13	15	11	40	107	85	145	230
1965	—	—	1	2	13	7	4	6	18	16	13	17	41	123	90	171	261
1966	—	—	—	2	13	8	5	5	17	16	18	19	54	149	107	199	306
1967	—	—	1	1	13	5	9	8	19	20	19	20	62	183	123	237	360
1968	—	—	—	1	15	6	10	6	23	25	22	17	74	198	144	253	397

Welfare of Handicapped Persons (General Classes)

REGISTRATION:—The number on the register is 2,918

Classification of disabilities is as follow-:—

Amputation of limb	119
Arthritis and muscular rheumatism (including fibrositis)	907
Congenital malformations and skeletal deformities	143
Diabetes	30
Diseases of the digestive system	53
Diseases of the genito-urinary system	12
Diseases of the heart and circulatory system	364
Diseases of the respiratory system	132
Epilepsy	103
Injury and diseases of bones and joints	247
Mental subnormality	12
Muscular dystrophy	19
Neoplasm	20
Organic nervous diseases	487
Psychoses, psychoneurosis	57
Poliomyelitis	79
Tuberculosis—respiratory	36
Tuberculosis—spine, bones, joints, etc.	25
Miscellaneous	73
TOTAL	2,918

AGE GROUPS (General Classes)

	Under 16 years	16-29 *years*	30-49 *years*	50-64 *years*	65 *and over*	*Totals*
Males	27	101	199	358	478	1,163
Females	16	91	147	427	1,074	1,755
TOTALS	43	192	346	785	1,552	2,918

The employment or occupation of persons on the register was as follows:—

(i) Employed in open industry	97
(ii) At Remploy or sheltered workshop	12
(iii) Employed at home	8
(iv) Not employed but capable of and available for:—	
(*a*) Open employment	115
(*b*) Sheltered employment	109
(*c*) Handicrafts	413
(v) Incapable of or not available for work	2,121
(vi) Children of school age	23
(vii) Children under school age	20
TOTAL	2,918

ENVIRONMENTAL SERVICES

General Public Health Inspection

Summary of Complaints, Enquiries and Correspondence Received by the Public Health Inspectors

Daily Portfolio	1968
Complaints and enquiries in person or by telephone	11,067
Correspondence—including Ministry, inter-departmental and general ...	25,665
Total	36,732

Complaints and Enquiries	
Drainage defects	1,845
Paving defects	45
Housing defects	3,308
Watercloset defects	586
Insects infesting houses	774
Requests for inspector to call	5,426
Overcrowding cases and requests for priority rehousing	1,793
Other Correspondence	
Town Clerk's Department—property enquiries	8,273
Offices, Shops and Railway Premises Act 1963	669
Rent Acts, 1957 and 1968	
Applications for Certificates of Disrepair	—
(Certificates issued)	—
Applications for Cancellation of Certificates	5
(Certificates cancelled)	(5)
Miscellaneous (includes correspondence from property owners, agents, builders, other Corporation Departments; applications for licences for the sale of milk, ice cream, pet animals etc.)	14,088
Total	36,732

Summary of Work Done by the Public Health Inspectors during the year, 1968

1. Nuisances

(*a*) **Dwellinghouses (not condemned)**

Found affected	6,647
Initial visits	7,133
Re-inspections	6,892
Where nuisance abated	2,758

(*b*) **Dwellinghouses (condemned)**

Found affected	78
Initial visits	125
Re-inspections	299
Where nuisance abated	23

(*c*) **Other Premises**

Found affected	245
Initial visits	256
Re-inspections	273
Where nuisance abated	155

(*d*) **Notices Served**

Statutory	1,032
Informal	3,419

2.	INTERVIEWS WITH OWNERS OR REPRESENTATIVES	2,026
3.	DRAINAGE AND BUILDING WORK	
(*a*)	Inspections	11,653
(*b*)	Smoke tests applied	366
(*c*)	Water tests applied	474
(*d*)	Colour tests applied	1,035
4.	HOUSING	
(*a*)	Initial inspections	467
(*b*)	Additional inspections	2,398
(*c*)	Discretionary and Standard Grants—visits	11,973
(*d*)	Overcrowding—visits	258
(*e*)	Certificates of Disrepair—visits	16
(*f*)	Applications for loans on mortgage—visits	825
(*g*)	Houses in multiple occupation—visits	3,646
(*h*)	Common lodging houses—visits	7
(*i*)	Suspected infestation—visits to:—	
	(i) Private houses	5,319
	(ii) Corporation houses	1,687
	(iii) Other premises	92
5.	FOOD PREMISES—visits to:—	
(*a*)	Dairies	37
(*b*)	Milk distributors	116
(*c*)	Ice cream manufacturers	45
(*d*)	Ice cream retailers	81
(*e*)	Fried fish shops	166
(*f*)	Bakehouses	111
(*g*)	Other food preparation premises	666
(*h*)	Food saleshops	1,421
(*i*)	Licensed premises and clubs	274
6.	FOOD POISONING	
(*a*)	Visits	967
(*b*)	Food specimens taken	30
7.	OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963	
(*a*)	Visits (including those by technical assistants)	7,135
(*b*)	General inspections (including those by technical assistants)	1,757
8.	ZYMOTIC DISEASES—visits	1,760
9.	OFFENSIVE TRADES—visits	23
10.	WORKPLACES—visits	6
11.	RATS AND MICE INFESTATIONS—visits	138
12.	DEPOSITED PLANS—No. examined	3,948
13.	DISEASE OF ANIMALS ACTS—visits	128
14.	ANIMAL BOARDING ESTABLISHMENTS—visits	20
15.	RIDING ESTABLISHMENTS—visits	3
16.	PET SHOPS—visits	32
17.	WATER SUPPLIES (other than Corporation mains supplies)—	
	No. of visits	6
18.	SWIMMING BATHS—visits	21
	No. of samples to Public Health Laboratory	38
	No. of orthotolidine tests by public health inspectors	33
19.	CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960—visits ...	104

20.	Noise Nuisance—visits	70
21.	Rag Flock and Other Filling Materials Act, 1951—visits	6
22.	Prosecutions Taken	31
23.	Attendances at Court	42
24.	Miscellaneous Letters Sent	13,122
25.	Miscellaneous Visits	13,012
26.	Town Clerk's Property Enquiries Dealt With	8,273
27.	Public Health Act, 1936—Section 23	
	(*a*) Public sewers cleansed	292
	(*b*) Houses affected	987

Defects remedied as the result of informal and statutory notices:—

Public Health Act, 1936

Section 24.	Public sewers	3
Section 39.	Cesspools	1
	Drains	278
	Eaves spouts	372
	Rainwater pipes	92
	Sinks	33
	Sinkwaste pipes	94
	Soilpipes	9
Section 45.	Waterclosets repaired	367
Section 56.	Paving of courts, yards, passages	71
Section 83.	Filthy and verminous premises	27
	Notices served	1
Section 84.	Cases of filthy and verminous articles in premises	22
	Certificates issued	89
Section 93.	Roofs	604
	Chimneys and flues	99
	Doors	85
	Windows	319
	Floors	90
	Wallplaster	203
	Ceiling plaster	223
	Staircases	13
	Fireplaces	37
	Damp walls	666
	Accumulations or deposits	185
	Absence of water supply (disrepair)	42

Sheffield Corporation Act, 1937

Section 52.	Choked drains cleansed (24 hours' notice)	310

Public Health Act, 1961

Section 22.	Choked drains cleansed	373

Canal Boats—

Visits paid to canal	73
Inspections of canal boats	19
Canal boats registered in City	—
Persons found living on board at time of inspection—	
Males over 15 years of age	29
Females over 15 years of age	2
Children between 5 and 15 years of age	—
Children under 5 years of age	—
Average No. of occupants per boat	1·63
Infringements found relating to 10 inspections of boats	20
Informal Notice to owners regarding infringements	8
Informal Notices complied with	5
Notices served	2
Notices complied with	1
Legal proceedings instituted	—
Cases of infectious diseases on board	—
No. of boats detained for cleansing or disinfecting	—

Houses in Multiple Occupation	1968	
Total visits	3,622	(16,256)
Management Orders made (Section 12)	3	(115)
Notices under Section 14 (Management)	—	(3)
Notices requiring amenities (Section 15)	54	(369)
Notices requiring means of escape from fire (Section 16)	43	(321)
Directions limiting occupancy (Section 19)	39	(118)
Notices to abate overcrowding (Section 90, 1957 Act)	—	(4)
Notices (Section 15) complied with	64	(169)
Notices (Section 16) complied with	42	(135)
Works in progress (Sections 15 and 16)	46	(—)
Houses ceased to be multi-occupied after inspection	37	(141)
Legal proceedings (Section 13 and 14 offences)	3	(168)
Legal proceedings (Section 15 offences)	1	(6)
Legal proceedings (Section 16 offences)	1	(6)
Total fines	£99	(£899)

(Figures in brackets are totals since the Housing Regulations, 1962, came into force)

Offices, Shops and Railway Premises Act, 1963

Action taken under the Act during 1968 is shown below:—

Class of Premises	*Number of premises registered during the year*	*Total number of registered premises at end of year*	*Number of registered premises receiving a general inspection during the year*
REGISTRATIONS AND GENERAL INSPECTIONS			
Offices	105	1,818	455
Retail shops	142	3,312	1,077
Wholesale shops, warehouses	15	363	50
Catering establishments open to the public, canteens	19	502	173
Fuel storage depots...	1	3	2
	282	5,998	1,757
Number of visits of all kinds by inspectors to registered premises			7,135

	Class of Workplace	*Number of persons employed*
ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES, BY WORKPLACE	Offices	20,786
	Retail shops	17,768
	Wholesale departments, warehouses	3,665
	Catering establishments open to the public	4,835
	Canteens	465
	Fuel storage depots	26
	TOTAL	47,545
	TOTAL MALES ...	18,912
	TOTAL FEMALES	28,633

EXEMPTIONS: One application for exemption was made in respect of the provision of running hot water for washing at a shop but the application was refused.

PROSECUTIONS:	Number of prosecutions instituted during the period	8 premises 23 Informations laid 21 Informations led to convictions
	Number of complaints (or summary applications) made under Section 22	Nil
	Number of Interim Orders granted	Nil
INSPECTORS:	Number of inspectors appointed under Section 52(1) or (5) of the Act	37 (27 public health inspectors and 10 technical assistants)
	Number of other staff employed for most of their time on work in connection with the Act	2 clerks and five shorthand typists who are employed for approximately 20% of their time on work connected with the Act

Reported Accidents

Workplace	*Number Reported*		*Total No. investigated*	*Action Recommended*			
	Fatal	*Non Fatal*		*Prosecution*	*Formal warning*	*Informal advice*	*No action*
Offices	—	18	8	—	—	3	15
Retail shops	—	95	50	—	1	15	79
Wholesale shops, warehouses ...	—	22	12	—	—	2	20
Catering establishments open to public, canteens ...	—	44	29	—	—	4	40
Fuel storage depots ...	—	—	—	—	—	—	—
TOTALS ...	—	179	99	—	1	24	154

Analysis of Reported Accidents

Cause of Accident	*Offices*	*Retail Shops*	*Wholesale Warehouse*	*Catering establishments open to public, canteens*	*Fuel storage depots*
Machinery	—	1	—	—	—
Transport	—	2	—	—	—
Falls of persons	10	28	7	17	—
Stepping on or striking against object or person	2	15	—	5	—
Handling goods	1	26	13	9	—
Struck by falling object	—	10	2	4	—
Fires and explosions	—	—	—	2	—
Electricity	—	2	—	—	—
Use of hand tools	1	5	—	—	—
Not otherwise specified	4	6	—	7	—
TOTALS	18	95	22	44	—

Inspections under the Factories Act, 1961

1. Inspections for purposes of provision as to health.

Premises	*Number on Register*	*Number of*		
		Inspections	*Written Notices*	*Occupiers Prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	95	29	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by local authority	2,595	305	37	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)...	137	58	4	—
TOTALS...	2,827	392	47	—

2. Cases in which defects were found.

Particulars	*Number of cases in which defects were*				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*Referred To H.M. Inspector*	*Referred By H.M. Inspector*	
Want of cleanliness (S.1)	4	1	—	2	—
Overcrowding (S.2)	1	—	—	1	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	1	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	7	1	—	4	—
(b) Unsuitable or defective	51	34	—	10	—
(c) Not separate for sexes	—	1	—	—	—
Other offences under the Act (not including offences relating to outwork)	—	—	—	—	—
TOTALS	65	38	—	18	—

FOOD HYGIENE

Details of Food premises subject to the Food Hygiene (General) Regulations, 1960

Type of food premises	*No. of premises* (i)	*No. of premises fitted to comply with Regulation* 16 (ii)	*No. of premises to which Regulation* 19 *applies* (iii)	*No. of premises fitted to comply with Regulation* 19 (iv)
1. Restaurants, cafés and snack bars	241	239	241	241
2. Canteens (factories, offices and shops)	178	178	178	178
3. Hotels	36	36	36	36
4. School canteens	161	161	161	161
5. Hostels	36	36	36	36
6. Boarding houses...	25	25	25	25
7. Institutions	26	26	26	26
8. Public houses	485	483	485	477
9. Clubs	122	121	122	122
10. Food factories	157	157	157	157
11. Butchers' shops	449	381	448	448
12. Wet fish shops	90	87	90	88
13. Fried fish shops	228	215	228	204
14. Other food shops (wholesale and retail)	1,982	1,695	1,917	1,876
TOTALS	4,216	3,840	4,150	4,075

WATER SUPPLY

Average Analysis of Raw Waters Received at Filter Stations

Filter Station	Redmires	Rivelin	Bradfield		More Hall	Langsett	Yorkshire Derwent
			Dale Dyke	Agden			
Physical Characteristics							
Colour (°Hazen)	5	8	42	35	60	86	23
Turbidity (p.p.m.)	4·0	5	24	16	21	43	110
pH Value	6·3	6·2	4·8	4·9	4·4	4·1	8·1
Chemical Analysis	parts per million (m.gm./litre)						
Alkalinity ($CaCO_3$)	6·5	4·0	—	—	—	—	144
Choride (Cl)	11·9	12·5	13·2	13·4	12·5	12·9	27·7
Ammoniacal Nitrogen (N)	0·03	0·02	0·03	0·03	0·07	0·07	0·126
Albuminoid Nitrogen (N)	0·01	0·01	0·08	0·04	0·07	0·10	0·205
Nitrite Nitrogen (N)	<0·001	<0·001	<0·001	<0·001	<0·001	<0·001	0·014
Nitrate Nitrogen (N)	0·02	0·48	0·5	0·51	0·80	1·62	2·5
Oxygen Absorbed: 4 hrs. at 80°F.	0·4	1·0	3·2	2·6	3·8	5·5	2·1
Carbonate Hardness ($CaCO_3$)	6·5	4·0	—	—	—	—	144
Non-Carbonate Hardness ($CaCO_3$)	29·3	28·3	38·0	30·3	28·8	24·8	81
Total Hardness ($CaCO_3$)	35·8	32·3	38·0	30·3	28·8	24·8	225
Total Dissolved Solids	74·8	75·4	99·5	84·9	80·0	71·9	325
Calcium	25·2	16·8	17·2	14·1	13·3	10·0	82
Magnesium	10·6	15·5	20·8	16·2	15·5	14·8	5·7
Iron	0·28	0·09	0·9	0·53	0·60	0·90	1·02
Manganese	0·32	0·10	0·33	0·15	0·12	0·20	0·02
Aluminium	0·30	0·26	0·77	0·50	0·56	0·69	0·03
Sulphate	29·3	27·5	38·6	31·8	27·5	26·7	70·9
Fluoride	0·1	0·1	0·1	0·1	0·1	0·1	0·1

Average Analysis of Fully Treated Waters

Filter Station	*Redmires*	*Rivelin*	*Bradfield*	*More Hall*	*Langsett*	*Yorkshire Derwent*
Physical Characteristics						
Colour (°Hazen)	<5	<5	3	22	55	<5
Turbidity (p.p.m.)	0·5	1·0	1·0	7	13	1·0
pH Value	8·9	9·3	9·0	9·3	8·8	9·5
Chemical Analysis	parts per million (m.gm./litre)					
Alkalinity ($CaCO_3$)	7·0	10·5	8·0	11·5	12·5	30·2
Chloride (Cl)...	12·3	12·8	13·4	13·0	13·6	33·7
Ammoniacal Nitrogen (N)	0·03	0·05	0·03	0·03	0·08	0·177
Albuminoid Nitrogen (N)	0·1	0·1	0·2	0·4	0·4	0·115
Nitrite Nitrogen (N) ...	<0·001	<0·001	0·001	<0·001	<0·001	<0·001
Nitrate Nitrogen (N) ...	0·16	0·39	0·42	0·65	0·59	2·4
Oxygen Absorbed: 4 hrs. @ 80°F. ...	0·20	0·6	0·7	1·8	3·5	0·8
Carbonate Hardness ($CaCO_3$)	7·0	10·5	8·0	11·5	12·5	30·2
Non-Carbonate Hardness ($CaCO_3$)	33·0	28·5	37·0	27·0	29·2	53·7
Total Hardness ($CaCo_3$) ...	40·0	39·0	45·0	38·5	41·7	83·9
Total Dissolved Solids ...	80·2	81·5	95·0	87·8	88·3	225
Calcium (Ca)	30·0	24·3	28·3	23·8	30·5	25·6
Magnesium (Mg)	10·8	14·6	16·7	14·7	11·2	5·3
Iron (Fe)	0·02	0·03	0·07	0·26	0·46	0·06
Manganese (Mn)	0·03	0·07	0·19	0·09	0·18	0·01
Aluminium (Al)	0·07	0·12	0·22	0·44	0·52	0·03
Sulphate (SO_4)	29·4	27·5	35·4	26·9	25·2	85·0
Fluoride (F)	0·1	0·1	0·1	0·1	0·1	0·1
Residual Chlorine (Cl) ...	0·24	0·41	0·31	0·32	0·37	0·47

Summary of Results of Bacteriological Examinations

Source of Sample	*Number Examined*	*Number free from Coliforms*		*Number free from E. Coli Type I*	
Raw waters	545	227	(41·6%)	244	(44·8%)
Waters entering supply	529	527	(99·6%)	529	(100%)
Consumers' Taps	677	667	(98·5%)	676	(99·8%)

Air Pollution

SOLID MATTER DEPOSITED AT COLLECTING STATIONS DURING THE YEAR 1968

(*Milligrammes per square metre per day*)

Month	*Attercliffe*	*Firth Park*	*Fulwood*	*Sewage Works*
January	213	210	169	N.R.
February	295	142	149	205
March	312	206	211	336
April	199	171	187	224
May	230	209	163	126
June	192	170	N.R.	266
July	259	304	184	198
August	N.R.	136	106	N.R.
September	258	201	178	N.R.
October	205	132	128	N.R.
November	228	169	154	N.R.
December	222	123	98	N.R.
TOTALS	2,613	2,173	1,727	1,355
AVERAGES	238	181	157	226

Sulphur Determination by the Lead Peroxide Method at Stations during the Year 1968

(*Milligrammes per* 100 *square centimetres per day*)

Month	*Attercliffe*	*Firth Park*	*Sewage Works*	*Weston Park*	*Limpsfield Road*	*Tinsley*	*Wincobank*
January	3·08	4·68	3·36	1·75	2·01	3·70	2·81
February	3·83	4·16	3·35	2·68	2·29	3·62	2·88
March	4·44	N.R.	3·79	1·34	1·72	4·69	2·37
April	2·95	1·92	2·27	1·43	1·69	2·50	1·86
May	2·90	1·71	1·83	1·53	1·45	2·24	1·64
June	2·01	1·53	1·48	0·89	0·89	1·81	1·04
July	2·49	1·49	1·30	1·41	1·31	1·61	1·21
August	1·88	1·43	1·45	1·14	1·03	1·20	1·13
September	3·68	1·52	2·06	2·30	1·88	1·31	1·36
October	2·87	2·26	2·83	1·26	N.R.	2·99	1·84
November	3·40	2·58	2·88	2·22	N.R.	2·51	2·64
December	3·65	2·76	3·27	1·99	N.R.	2·45	2·83
Totals	37·18	26·04	29·87	19·94	14·27	30·63	23·61
Averages	3·10	2·37	2·49	1·66	1·59	2·55	1·97

Monthly Averages of Smoke (Volumetric) at Ten Stations during the Year 1968

(*Microgrammes per cubic metre*)

Month	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank C.S.*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts Wincobank*
January	120	136	195	223	100	96	126	130	86	144
February...	152	170	253	283	140	75	169	147	108	167
March	73	93	139	141	70	51	89	87	58	94
April	61	75	108	94	48	45	59	53	49	95
May	59	89	111	135	60	53	64	62	51	65
June	37	68	62	66	39	36	48	47	39	58
July	44	75	73	94	49	44	45	51	49	61
August	36	59	63	68	36	37	30	31	39	51
September	46	76	97	96	50	36	48	40	45	78
October	44	112	144	129	69	58	65	51	65	124
November	54	143	191	206	104	88	94	88	91	119
December	96	174	224	257	137	113	108	99	123	150
TOTALS	822	1,270	1,660	1,792	902	732	945	886	803	1,206
AVERAGES	69	106	138	149	75	61	79	74	67	101

Monthly Averages of SO_2 (Volumetric) at Ten Stations during the Year 1968

(*Microgrammes per cubic metre*)

Month	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank C.S.*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts Wincobank*
January	251	239	249	191	163	123	190	96	121	252
February...	301	263	341	264	190	180	279	118	140	270
March	198	194	240	177	131	113	190	107	109	205
April	180	171	243	182	137	134	167	92	98	195
May	187	169	207	168	120	125	175	97	88	173
June	139	173	173	158	137	113	130	99	87	146
July	179	159	157	141	115	107	129	89	86	116
August	130	137	137	124	100	104	108	83	79	127
September	106	155	178	131	101	96	106	82	80	139
October	125	161	228	137	120	97	116	76	78	219
November	177	208	283	198	151	129	187	109	112	245
December	195	240	272	204	159	139	214	103	119	264
Totals	2,168	2,249	2,708	2,075	1,624	1,460	1,991	1,151	1,197	2,351
Averages	181	187	226	173	135	122	166	96	100	196

Smoke and Sulphur Determination by the Volumetric Method at Ten Sheffield Stations
Six Years 1963—1968

(Average per year—Microgrammes per cubic metre)

	Year	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts*
SMOKE	1963	89	139	249	237	134	148	242	234	149	133
	1964	90	155	218	234	130	126	194	229	166	164
	1965	77	92	186	206	106	100	116	178	121	141
	1966	68	99	154	166	88	82	101	122	84	120
	1967	71	95	141	137	66	55	105	95	62	104
	1968	69	106	138	149	75	61	79	74	67	101
SULPHUR	1963	273	208	317	156	195	148	277	118	148	175
	1964	213	172	281	148	200	127	255	95	147	180
	1965	178	145	221	158	171	107	184	87	117	177
	1966	145	121	189	146	143	86	160	77	90	175
	1967	167	152	216	148	140	120	173	85	96	178
	1968	181	190	226	175	135	122	166	96	100	196

Food Condemned as Unfit for Human Consumption during the year 1968

Description	*Quantity*	*Tons*	*Cwts*	*Qrs*	*Lbs.*	*Description*	*Quantity*	*Tons*	*Cwts*	*Qrs.*	*Lbs.*
Canned goods	25,767	—	—	—	—	Meat and meat products	—	3	17	3	8¼
Bacon and ham	—	—	8	1	23¼	Mousse	—	—	1	—	27¾
Batter mix	—	—	1	—	25	Peanut butter	1 jar	—	—	—	—
Biscuits	—	—	—	—	¼	Pepper	—	—	—	—	½
Bread, cakes and pastry ...	—	—	1	—	23½	Pickles and sauces... ...	176 jars	—	—	—	—
Butter	—	—	—	2	9	Poultry and game ...	—	5	10	2	21
Cereals	—	—	3	2	14¼	Preserves	—	—	—	1	26½
Cheese	—	—	1	2	3	Rabbits	—	—	3	2	2½
Coconut	—	—	2	2	14½	Salt	—	—	—	—	19
Cream	3 gals. 6¼pts.	—	—	—	—	Shellfish	—	1	18	1	18½
Fish	—	5	9	2	12½	Shellfish	5¾ gals.	—	—	—	—
Flour	—	—	—	—	3	Soft drinks	6 bottles	—	—	—	—
Fruit	—	4	9	—	6¼	Soft drinks	96 cartons	—	—	—	—
Fruit (dried)	—	—	—	1	½	Sugar	—	—	—	—	3
Ice cream	8½ gals.	—	—	—	—	Tea	—	—	—	—	1¼
Jellies	—	—	1	3	13¾	Vegetable oil	—	—	—	—	1
Marzipan	—	—	—	2	16	Vegetables	—	22	1	1	¾
Meat and fish paste ...	40 jars	—	—	—	—	Yoghurt	—	—	—	—	17¾

The total weight of food condemned and destroyed was 62 tons 6 cwts. 1 qr. 21¾ lbs.

DETAILS OF CANNED GOODS DESTROYED

Commodity	*Number of Cans*
Fish	1,157
Fruit	12,327
Meat	5,087
Milk	777
Soup	958
Vegetables	4,060
Miscellaneous	1,401
Total	25,767

Meat Inspection

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN THE CITY DURING THE YEAR, 1968

Animals slaughtered and Disease Conditions found	*Condemnations*			
	Carcases		*Offal*	
	Total	*Partial*	*Total*	*Partial*
Adult Cattle				
Numbered slaughtered 56,592				
Tuberculosis	—	1	—	23
Johne's disease	4	—	4	24
Actinobacillosis	—	1	—	119
Septicaemic conditions	4	—	4	—
Pneumonia and/or pleurisy	2	10	2	4,241
Peritonitis	2	18	2	1,451
Mastitis	4	9	4	3,734
Hepatic abscess	—	—	—	2,996
Fascioliasis (fluke)	—	—	—	16,876
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	484
Cysticercosis (C. bovis)	—	—	—	—
(*a*) Rejected	—	—	—	126
(*b*) Refrigerated	126	—	—	126
Tumours	2	—	2	1
Bruising	2	100	2	—
Emaciation	1	—	1	—
Other conditions	37	86	37	4,496
Calves				
Number slaughtered 1,471				
Congenital tuberculosis	—	—	—	—
Tuberculosis	—	—	—	—
Septicaemic conditions	—	—	—	—
Joint-ill or navel-ill	3	—	3	—
Bruising	—	—	—	—
Emaciation	—	—	—	—
Immaturity	—	—	—	—
Other conditions	12	2	12	9
Pigs				
Number slaughtered	—	—	—	—
Swine fever	—	—	—	—
Swine erysipelas	3	3	3	3
Tuberculosis	3	896	3	—
Septicaemic conditions	5	—	5	—
Pneumonia and/or pleurisy	50	254	50	20,082
Pyaemia	47	—	47	—
Arthritis	25	353	25	—
Abscess	57	787	57	130
Echinococcosis	—	—	—	8
Ascariasis	—	—	—	7,462
Bruising	5	212	5	10
Other conditions	80	195	80	13,727
Sheep				
Number slaughtered 144,732				
Septicaemic conditions	2	—	2	—
Pyaemia	5	—	5	—
Pneumonia and/or pleurisy	57	56	57	2,293
Arthritis	19	134	19	—
Parasitic pneumonia	—	—	—	2,691
Fascioliasis (fluke)	—	—	—	18,261
Cysticercus ovis	3	—	3	332
Echinococcosis	—	1	—	1,672
Bruising	3	42	3	—
Emaciation	2	—	2	—
Other conditions	222	105	222	6,562

Animals Slaughtered and Inspected in the City in the Year, 1968

Where Slaughtered	*Oxen*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*	*Total*
Abattoir main slaughterhalls ...	55,863	1,462	133,852	139,875	—	331,052
do. (Jewish method) ...	372	3	1,403	—	—	1,778
do. (Mohammedan method)	—	—	8,865	—	—	8,865
Isolation slaughterhall	65	6	11	2	—	84
Totals (abattoir)	56,300	1,471	144,131	139,877	—	341,779
Totals (private slaughterhouses) ...	292	—	601	—	73	966
Totals	56,592	1,471	144,732	139,877	73	342,745

Total Weight of all Meat found to be Unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year, 1968

	MEAT								*OFFALS*								*TOTALS*			
	Affected with Tuberculosis				*Affected with other diseases*				*Affected with Tuberculosis*				*Affected with other diseases*							
	T	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*
Cattle	—	—	2	12	14	5	—	21	—	2	2	13	161	12	3	22½	176	1	1	12½
Calves	—	—	—	—	—	5	1	6	—	—	—	—	—	3	3	7¼	—	9	—	13¼
Sheep	—	—	—	—	6	11	1	6½	—	—	—	—	34	19	3	½	41	11	—	7
Pigs	3	6	—	12½	17	9	1	10	—	—	3	¼	66	16	2	19½	87	12	3	14¼
Horses	—	—	—	—	—	—	1	25	—	—	—	—	—	3	3	17	—	4	1	14
Totals	3	6	2	24½	38	11	2	12½	—	3	1	13¼	263	17	—	10¾	305	18	3	5

GENERAL

Meteorology during 1968. **Records taken at Weston Park**

(430 feet above sea level)

Month	*Highest Maximum Temperature*	*Lowest Minimum Temperature*	*Mean Temperature*	*Lowest Ground Minimum*	*Rain Inches*	*Rain Days*	*Sunshine Hours*	*Snow Lying Days*
January ...	57·2	25·4	40·0	16·4	2·65	16	36·1	5
February...	52·0	24·8	35·6	20·0	1·68	10	60·5	7
March ...	67·2	28·6	43·6	24·6	2·51	18	98·2	—
April ...	68·2	24·9	47·1	17·0	1·86	14	152·3	—
May ...	73·2	37·1	49·5	28·2	3·26	17	100·9	—
June ...	80·6	40·1	58·7	37·8	2·16	15	174·1	—
July ...	80·1	47·9	58·8	43·4	4·43	11	69·9	—
August ...	80·8	47·2	60·0	42·4	1·64	12	99·9	—
September	72·8	44·1	57·1	37·9	6·11	18	74·1	—
October ...	65·9	40·7	54·1	34·4	2·50	15	62·8	—
November	55·2	30·3	42·9	22·0	3·78	19	29·6	—
December	49·2	27·5	37·8	21·2	2·08	14	28·3	5

General Information

Total rain inches 34·66. Total sunshine hours 987·7

Total rain days 179 Total snow lying days 17

The rainfall for 1968 was only 2·70 ins. above normal despite large totals in July and September. Sunshine hours were well below average, April being the only month with above normal total. Temperatures were very close to normal, although over 80 degrees F. was reached in June, July and August.